

MURRI WATCH
Aboriginal & Torres Strait Islander Corporation

MEMBERSHIP APPLICATION
Finance and Administration Form

VERSION: Nov 2016
Policy Ref: Part 2-Item-BM-07

I hereby apply for membership of Murri Watch Aboriginal and Torres Strait Islander Corporation.

Name: _____

Address: _____

Postcode: _____

Telephone: _____ Facsimile: _____

I confirm that: *(please tick)*

- ☐ I am of Aboriginal or Torres Strait Islander descent;
- ☐ I am over 18 years of age; and
- ☐ I am a permanent resident of South East Queensland and/or Murri Watch service areas including Mackay, Townsville and Palm Island.

Signature: _____ Date: _____

Nominated by: _____ Signature: _____
(print name)

Seconded by: _____ Signature: _____
(print name)

OFFICE USE ONLY:

Membership: Accepted ☐ Not Accepted

Date of Meeting: _____ Resolution Number: _____

Letter forwarded to applicant on: _____ *(insert date)*

Entered into Membership Register on: _____ *(insert date)*