

INDIVIDUAL MEMBERSHIP



natsiwa
NATIONAL ABORIGINAL AND
TORRES STRAIT ISLANDER WOMEN'S ALLIANCE

APPLICATION FORM

**NATIONAL ABORIGINAL & TORRES STRAIT ISLANDER WOMEN'S ALLIANCE
(INDIGENOUS CORPORATION)**

I, _____
(First name of applicant) (Last name of applicant)

of _____
(Address of applicant)

(Applicants D.O.B)

(Applicants phone)

(Applicants email)

Hereby apply for membership of the
**NATIONAL ABORIGINAL & TORRES STRAIT ISLANDER WOMEN'S ALLIANCE
(INDIGENOUS CORPORATION)**

I declare that I am eligible for membership under **Rule 5.1** and am willing to be bound by the rules of the corporation.

Signed: _____ Date: _____

Aboriginality/Torres Strait Islander verified by:

Print Name:

Signature:

Office use only

| | |
|--|------------------|
| Application tabled at directors' meeting held | Date: |
| Directors confirmed applicant is eligible for membership | Yes / No: |
| Entered on register of members | Date: |

Chairperson's Signature

www.natsiwa.org.au