## Schedule 1—Application for membership form

## The Central Australian Aboriginal Alcohol Programmes Unit Aboriginal Corporation.

## Application for membership

I,		(first name of applicant)
		(last name of applicant)
of	•	(address of applicant)
apply for membership of the corporation.		
I declare that I am eligible for membership.		
I am: ⊠ Aboriginal □ Torres Strait Islander □ neither		
Signature of applicant		
Date		
Phone:	Email:	
	***************************************	
Corporation use only		
Application received		Date:
Application tabled at directors' meeting held on		Date:
Directors consider applicant is eligible for membership		Yes / No
Directors enter name, address and date on register of members (also Indigeneity if non-Indigenous members are allowed)		Date:
Directors have sent notification of directors' decision to the applicant		Date: