

## Schedule 1 – Application for membership form

To: The Directors, Mulungu Aboriginal Corporation Primary Health Care Service

I apply to be a member of the corporation

Name: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

I am over the age of 18:      Yes    No

Aboriginal or Torres Strait Islander person

I live in the township of Mareeba / Dimbulah / Mutchilba / Biboohra / Mt Molloy

I have read and understood the Rule Book of Mulungu Aboriginal Corporation  
Primary Health Service (ICN 1881)

I declare that I am eligible for membership.

I agree to follow the rules of the corporation and consent to be a member.

Signature of application: \_\_\_\_\_

Date: \_\_\_\_\_

### Corporation Use only

Application received	Date:
Application tabled at directors' meeting	Date:
Director's consider applicant is eligible for membership	Yes / No
Directors approve the application	Yes / No
If approved, new members' details added to register of members	Date
Applicant notified of directors' decision	Date