



DERBARL YERRIGAN HEALTH SERVICE ABORIGINAL CORPORATION

ICN: 8718 ABN: 60 824 221 416

156 Wittenoom Street, East Perth, WA, 6004

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Application for Membership

Derbarl Yerrigan Health Service Aboriginal Corporation (ICN: 8718)

I,
(First name) (Family/Last name)

Of
(Address of Applicant)

Apply for membership of Derbarl Yerrigan Health Service Aboriginal Corporation.

I declare that I am eligible for membership as a voting member.

I am:

At least 18 years of age

An Aboriginal person and as such, I am accepted by the local community

Support the objects or purposes of the DYHSAC and agree to the terms of the Rule Book.

I am not a body corporate, company or any entity other than a person

I reside and continue to reside in the Perth Metropolitan Area.

Signature of Applicant

..... Date:

Corporation Use Only

Application Received	Date
Application tabled at Directors' meeting held on	Date:
Directors consider applicant is eligible for membership	Yes / No
Applicant is admitted as a:	<input type="checkbox"/> Voting Member
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: