Application for membership form

NT Aboriginal Education Consultative Council Aboriginal Corporation

ICN 00000

Application for membership

I, ... (first name of applicant)

..... (last name of applicant)

of ..... (address of applicant)

.....

.....

Email address ..... (required to confirm acceptance of application)

Phone number .....

apply for membership of the corporation.

I declare that I am eligible for: ☐ Full Membership ☐ Associate Membership

I am: ☐ Aboriginal ☐ Torres Strait Islander ☐ Neither

Signature of applicant .....

Date .....

Corporation use only

Application received	Date:
Application tabled at directors' meeting	Date:
Directors 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: