

YERIN MEMBERSHIP APPLICATION FORM



Please fill in this two-page application form. Incomplete forms cannot be processed.

Personal details

Full Name

Postal Address

Phone/Mobile

Email

Application

I, _____
(full name)

of, _____
(residential address)

am applying to become a member of the Yerin Aboriginal Health Service Inc. I will notify Yerin in writing if I want to end my membership.

Signature

Date

Return this form and supporting documents to:

The Secretary

Yerin Aboriginal Health Services Inc.

PO Box 466

Wyong NSW 2250

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Nomination by Yerin Aboriginal Health Services Inc Members

Two current members of Yerin need to support your application. They need to fill in this section.

Person 1

I, _____ ,
(full name of member)

am a member of the Yerin Aboriginal Health Services Inc and I nominate this person to become a Yerin Members.

Signature

Date

Person 2

I, _____ ,
(full name of member)

am a member of the Yerin Aboriginal Health Services Inc and I nominate this person to become a Yerin Members.

Signature

Date

Supporting documents

You need to provide photocopies of the following documents with this form for your application to be considered.

- Proof of Aboriginality – a copy of your Confirmation of Aboriginality document
- Proof of age – a copy of your drivers' license, over 18 card, first page of your passport
- Proof of residency - a copy of your drivers' license with the address, other photo identification with your address or a bill (electricity, phone, internet) made out to you at your address.

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PO Box 466
Wyong NSW 2250

OFFICE USE ONLY

Accepted by:

(First Name) (Last Name) (Date)

(First Name) (Last Name) (Date)