

Yerin Membership Application Form



YERIN

Aboriginal Health
Services Limited

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 Yerin Aboriginal Health Services Limited. 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 Limited

PO Box 466

Wyong NSW 2250

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YERIN

Aboriginal Health Services Limited

Nomination by Yerin Aboriginal Health Service Limited Members

Two current members of Yerin need to support your application.

Person 1

I, _____

(full name of member)

am a member of Yerin Aboriginal Health Services Limited and I nominate this person to become a Yerin Member.

Signature

Date

Person 2

I, _____

(full name of member)

am a member of Yerin Aboriginal Health Services Limited and I nominate this person to become a Yerin Member.

Signature

Date

Supporting documents

You need to provide photocopies of the following documents with this 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' licence, over 18 card or first page of your passport
- Proof of residency – a copy of your driver's licence with the address, other photo identification with your address or a bill (electricity, phone, internet) made out to your at your address.

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The Secretary
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Wyong NSW 2250

OFFICE USE ONLY

Accepted by:

(First name) (Last name)

(Date)

(First name) (Last name)

(Date)