



COOMEALLA HEALTH ABORIGINAL CORPORATION

Working Together for a Healthy, Strong and Proud Aboriginal Community

MEMBERSHIP APPLICATION

I, _____
(full name of applicant)

Of _____
(address where you wish correspondence to be sent)

Hereby apply for membership of **COOMEALLA HEALTH ABORIGINAL CORPORATION**

I declare that I am meet the requirements and am eligible for membership in that I am:

- **at least 18 years of age; and**
- **an Aboriginal or Torres Strait Islander person normally and permanently resident in the Sunraysia district or all such other locations as the directors shall from time to time determine.**

Signed: _____

Date: _____

OFFICE USE ONLY

Moved
By: _____

Seconded
By: _____

Board Meeting
Date: _____

Chairperson
Signature: _____

Added to the Members Register by: _____ on: _____
Staff Sign here Insert Date here