



38-42 Jondaryan Avenue
Griffith NSW 2680

Ph: 6962 0000
Fax: 6962 0044

APPLICATION FOR MEMBERSHIP

GRIFFITH ABORIGINAL MEDICAL SERVICE ABORIGINAL CORPORATION

| | |
|-----------------------------------|--|
| FULL NAME OF APPLICANT | |
| ADDRESS OF APPLICANT | |
| DATE OF BIRTH OF APPLICANT | |

I hereby apply to become a member of the Griffith Aboriginal Medical Service Aboriginal Corporation. In the event of my admission as a member, I agree to be bound by the **Rules of Association** for the time being in force.

SIGNATURE OF APPLICANT: _____ **DATE:** _____ / _____ / 20

NOMINATION

Each application for membership is to be nominated by two current members of the Corporation who are Aboriginal persons over the age of 18 years residing within the service area of the Griffith Aboriginal Medical Service.

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|--|--------------------|
| FIRST NOMINEE | |
| FULL NAME OF FIRST NOMINEE | |
| ADDRESS OF FIRST NOMINEE | |
| PHONE NUMBER | |
| <i>The applicant, who is personally known to me, is nominated for membership of the Griffith Aboriginal Medical Service (GAMS)</i> | |
| SIGNATURE | DATE / / 20 |

| | |
|--|--------------------|
| SECOND NOMINEE | |
| FULL NAME OF SECOND NOMINEE | |
| ADDRESS OF SECOND NOMINEE | |
| PHONE NUMBER | |
| <i>The applicant, who is personally known to me, is nominated for membership of the Griffith Aboriginal Medical Service (GAMS)</i> | |
| SIGNATURE | DATE / / 20 |