



**South Coast Medical Service Aboriginal Corporation**

ICN:182

**Application for Admission to Membership**

I the undersigned, hereby apply for admission as a member of the South Coast Medical Service Aboriginal Corporation. I declare that I satisfy the membership criteria:

Membership of the Association shall be open to adult Aboriginal persons normally and permanently resident in the area between Helensburgh, NSW and the Victorian border (the South Coast of NSW).

**NAME:** .....

**ADDRESS:** .....

.....

**MAILING ADDRESS:** .....

**GENDER:** ..... **PHONE:**.....

**D.O.B:** ..... **WORK:**.....

If my application is accepted, I agree to abide by the Rules of the Corporation.

Signature of Applicant:.....Date:.....

**Administration Section**

Date of Committee Meeting that will consider the Application:.....

Application:-  Accepted  Rejected Member ID: .....

Comments:.....

.....

Chairperson's Signature:.....Date:.....