



TOWNSVILLE ABORIGINAL AND TORRES STRAIT ISLANDER

Corporation for Women

ABN 35 247 907 885

ICN: 1653

ASSOCIATE MEMBER APPLICATION

Surname:		
First Name:	Middle Name:	
Address:		
Suburb:	Postcode:	
DOB:	Contact Number:	
Date Joined:	Membership Number:	
<input type="checkbox"/> Other ethnic background		
Members' Declaration: I agree to abide by the Townsville Aboriginal and Torres Strait Islander Corporation for Women Rule Book in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act 2006. [CATSI Act]		
SIGNATURE: _____ Date: _____		
Authorization to remove as a member. I, _____ of _____ make this declaration that if I fail to attend two (2) consecutive Annual General Meetings of the Corporation, I give permission for my name to be removed from the Register of Associate Members. Further, it has been explained to me that I may rejoin at any given time by submitting an Associate Membership Application.		
Print Name:	Signature:	Date:

Office Use Only	
Membership Receipt Number:	
Meeting Date Membership Endorsed: / /20__	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
Date entered into Members Register: / /20__	
Chairperson Signature:	