



TOWNSVILLE ABORIGINAL AND TORRES STRAIT ISLANDER

Corporation for Women  
ABN 35 247 907 885

ICN: 1653

## MEMBERSHIP FORM

Surname:	
First Name:	Middle Name:
Address:	
Suburb:	Postcode:
DOB:	Contact Number:
Membership dated:	Membership Number:
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> South Sea Islander <input type="checkbox"/> Other	
<b>Members' Declaration:</b> 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: _____	
<b>Authorization to remove as a member.</b> 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 Members. Further, it has been explained to me that I may rejoin at any given time by submitting a Membership Application.	
Print Name:	Signature: _____ Date: _____

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