

**WESTERN AUSTRALIAN FAMILY VIOLENCE
 PREVENTION LEGAL SERVICE ABORIGINAL
 CORPORATION**
ICN 7333

APPLICATION FOR MEMBERSHIP

I, _____
(first name of applicant) *(last name of applicant)*

of

(address of applicant – this address will appear on the ORIC Register)

Postal Address, if not same as above:

Email Address, to receive our newsletter electronically:

hereby apply for membership of the Western Australian Family Violence Prevention Legal Service Aboriginal Corporation.

I declare that I:

- am at least 18 years of age;
- am an Aboriginal and Torres Strait Islander person;
- have not been convicted of an offence in the last five years that involved an act of family violence.

I also declare that I am willing to be bound by the rules of the corporation.

Signed: _____ Date: _____

Office use only

Date of directors' meeting at which the application was considered.	Date:
The directors confirmed applicant is eligible for membership	Yes/No
The directors approved the application	Yes/No
Entered on register of members	Date:

Chairperson Signature: _____