

F 1.006.01	WESTERN AUSTRALIAN FAMILY VIOLENCE PREVENTION LEGAL SERVICE ABORIGINAL CORPORATION APPLICATION FOR MEMBERSHIP
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I,

(first name of applicant)

(last name of applicant)

of

(address of applicant)

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 Director's meeting at which 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's signature

<i>F 1.006.01 WAFVPLS Application for Membership</i>	<i>Version No. 1</i>	<i>Area: Board of Directors</i>	<i>Page 1</i>
<i>Date Approved:</i>	<i>Review Date:</i>		<i>S:\Corporate Services Office\AFLS - Accreditation\Governance\Policy</i>