



**Aboriginal
Sobriety
Group**
INDIGENOUS CORPORATION
ICN 8376

**Aboriginal Sobriety Group Indigenous Corporation
ICN 8376**

APPLICATION TO BECOME A MEMBER

I,

.....
(First Name and Last Name of Applicant)

of

.....
(Address of Applicant)

.....
(Best Contact Number/s)

.....
(Email Address)

.....
(Date of Birth)

I wish to apply for membership of the corporation
I declare that I am eligible for membership.

I am: Aboriginal Torres Strait Islander neither

Why do you wish to express an interest in becoming a member of Aboriginal Sobriety Group
Indigenous Corporation?

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How did you find out about the memberships to ASG

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

Please return completed form to Aboriginal Sobriety Group Indigenous Corporation
C/- PO Box 7306 Hutt Street Adelaide SA 5000 or email reception@asg.org.au

Corporation use only

Application received	Date:
Application tabled at directors' meeting	Date:
Directors consider applicant is eligible for membership	Yes / No
Directors approve the application	Yes / No
If approved, new members' details added to register of members	Date:
Applicant notified of directors' decision	Date: