



**Aboriginal Sobriety Group Indigenous Corporation (ASG)  
ICN 8376**

**APPLICATION TO BECOME A MEMBER**

I,

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

of

.....

.....  
(Address of Applicant)

.....  
(Date of Birth of Applicant)

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

.....  
(Email Address)

.....

I 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 of interest in becoming a member of ASG?  
(100 – 150 words)

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.....

How did you find out about the memberships to ASG

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PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

**Please include with this Application a Current CV**

Please return completed form to:

Bianca Kreft – Aboriginal Sobriety Group Indigenous Corporation  
PO Box 7306 Hutt Street  
Adelaide SA 5001  
Or  
Email to [biancak@asg.org.au](mailto:biancak@asg.org.au)

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**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: