



**Aboriginal Sobriety Group Indigenous Corporation  
ICN 8376**

**APPLICATION TO BECOME A MEMBER**

I, \_\_\_\_\_  
(First Name and Last Name of Applicant)

of \_\_\_\_\_  
(Residential Address or Postal 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 (ASG)?

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How did you find out about the Memberships to ASG

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PRINT NAME:

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SIGNATURE:

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DATE:

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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](mailto:reception@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: