

1/6 Margaret Street, Wyong NSW 2259 **T.** (02) 4350 0209 **F.** (02) 4350 0209

## **Membership Application Form**

Please fill in this two-page application form. Incomplete forms cannot be processes.

Personal Details:
Full Name:
Postal Address:
Phone / Mobile:
Email:
Application:
,
of,
(Residential Address)
am applying to become a member of Yerin Eleanor Duncan Aboriginal Health Services Ltd. I will notify Yerin Eleanor Duncan in writing if I want to end my membership.
/
(Signature) (Date)

www.yerin.org.au

PO Box 466, Wyong NSW 2259

ACN: 623 947 811

ABN: 20 919 038 891



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## **Nominations:**

Applications must have the support of two current, financial members of Yerin Eleanor Duncan.			
Person 1:			
l,			
(Full Name of Member)			
am a member of Yerin Eleanor Duncan Aboriginal Health Sebecome a Member of this Organisation.	ervices Ltd and I nomina	ite this person to	
	/	/	
(Signature)	//		
Person 2:			
I,			
(Full Name of Member	r)		
am a member of Yerin Eleanor Duncan Aboriginal Health Sobecome a Member of this Organisation.	ervices Ltd and I nomina	te this person to	
	/	<i>'</i>	
Supporting Documents:			
☐ Proof of Aboriginality – a copy of your Confirmation of A	Aboriginality document		
$\Box$ Proof of age – a copy of your drivers' licence, over 18 card or first page of your passport			
☐ Proof of identity — a copy of your drivers' licence with the your address or a utility bill made out to you at your cur	•	identification with	
Please return this form and supporting documents:			
1) Via post, addressed to <b>The Secretary</b> , PO Box 466, Wyong, NSW 2259			
2) Via email to feedback@yerin.org.au			
www.yerin.org.au PO Box 466, Wyong NSW 2259	ACN: 623 947 811	ABN: 20 919 038 89	