

APPLICATION FOR MEMBERSHIP

Name: _____

Occupation: _____

Address: _____

Phone Contact: (work) _____ **(home)** _____

I hereby apply for membership of the Townsville Aboriginal & Islander Media Association Limited.

- I am of Aboriginal Descent
- I am of Torres Strait Islander Descent
- I identify as Aboriginal/Torres Strait Islander
- I am Non-Indigenous

I agree to be bound by and abide by the Company's Memorandum and Articles of Association and Enclose subscription fees payable to me to the total of \$5.00 (cash/cheque/money order). Please Forward my receipt to the above address.

(Signature)

(Date)

OFFICE USE ONLY

Date Application Received _____

Receipt Number _____

Amount Paid \$ _____

(BOD meeting Date) _____

Company Secretary _____

FILE CHECKLIST
Entry Membership register []

Member notified of acceptance
Non acceptance []

Date letter sent _____

File Completed []

NOTES OF MEMBERSHIP FOR YOUR INFORMATION

- **“Article 9 of the constitution All annual subscriptions shall become due and payable in advance on the first day of July in every year.**
- **Only financial members of twelve months or more can be eligible for nomination for Board of Directors.**
- **The company's Memorandum and Article of Association is available for more information by contacting 07 4772 546**