

APPLICATION FOR MEMBERSHIP

Ngarigo Nation Indigenous Corporation

Please print, complete and return to ngarigonation@gmail.com

I wish to apply for membership of the Ngarigo Nation Indigenous Corporation. Please find my details below:			
Full Name			
Address			
Phone Number			
Email Address			
l am	Ngarigo	Aboriginal Please specify:	
	Torres Strait Islander	A friend / supporter	
I declare that the information provided is true and correct			
Signature	Date		

Corporation Use Only			
Application Received	Date:		
Application tabled at Director's Meeting	Date:		
Directors consider eligibility of applicant for membership	Yes / No		
New Member Details – name, address, date of acceptance (also Indigeneity of non-Indigenous members are allowed) on register	Date:		
Applicant Notified of Decision	Date:		
Signed by President:	Date:		

Kunama Nyamudy



Ngarigo Nation Indigenous Corporation ICN: 8749