



MEMBERSHIP APPLICATION FORM

Name		
Residential Address		
Postal Address		
Home Phone		Mobile	
Work Phone		
Preferred contact (✓)	Mobile <input type="checkbox"/>	Work <input type="checkbox"/>	Home <input type="checkbox"/>

I, declare that under section 5.2.2 of the BRAMS Rule book that I am eligible to become a member and satisfy the following criteria;

- I am of Aboriginal or Torres Strait Islander descent
- I am of 18 years of age or older
- I am a permanent resident in the Shire of Broome

I also acknowledge that any information supplied in this application may be released to the Office of the Registrar of Indigenous Corporations and other funding bodies as required.

I acknowledge that I have read and understood the BRAMS Director and Member Code of Conduct, and agree to comply with its provisions at all times.

Please ensure you provide your membership fee of \$1.00 at the time of submitting your membership application, as failure to do so will result in your application being denied.

Applications are to be submitted at BRAMS and received by close of business on 31st July 2020 and late applications will not be accepted.

APPLICANT DECLARATION

Date: **Signature:**

OFFICE USE ONLY

Date:
Received by:
Receipt No: