



MAARI MA HEALTH
APPLICATION FOR MEMBERSHIP

I,

(Full name)

of.....

(Address)

hereby apply for Membership of Maari Ma Health Aboriginal Corporation.

I declare that I support Maari Ma's objects and that I am:

1. at least 18 years of age;
2. an Aboriginal Person; and
3. a permanent resident of the Community indicated below (or one of its surrounding villages or townships):

- Wentworth/Dareton/Coomealla
- Broken Hill / Silverton,
- Wilcannia,
- Menindee,
- Ivanhoe,
- Tibooburra,
- Balranald.

I agree to be bound by and comply with the Rule Book of Maari Ma Health Aboriginal Corporation.

Signed:

Dated: