



Townsville Aboriginal & Torres Strait Islander Corporation for Media

ICN 8349

Application for Membership

First Name	Middle Name	Surname

Address:

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Date of Birth:

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Email:

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Mobile No/Phone No:

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Signature:

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Date:

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Office use only

Application tabled at directors meeting held	Date:
Directors confirmed applicant is eligible for membership	Yes/No
Entered on register of members	Date:

Chairperson's signature _____