



Townsville Aboriginal & Torres Strait Islander Corporation for Media

Application for Membership

First Name	Middle Name	Surname

Address:

Date of Birth:

Email:

Mobile No/ Phone No:

Are you : Aboriginal : Torres Strait Islander: Neither:

Signature:

Date:

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: _____