

## **Schedule 1—Application for membership form**

Application for membership

Riverina Medical and Dental Aboriginal Corporation (ICN 745)

I, \_\_\_\_\_

(first name of applicant)      (last name of applicant)

of \_\_\_\_\_

(address of applicant)

hereby apply for membership of Riverina Medical and Dental Aboriginal Corporation

I declare that I am eligible for membership.

Signed:

Date: