

APPLICATION FOR INDIVIDUAL MEMBERSHIP



I,
(full name of person applying for membership)

of
(Address)

consent to being a member of

LLAWARRA WINGECARRIBEE ALLIANCE ABORIGINAL CORPORATION

Email:.....

Phone:.....

Signed Date:

Approved Date:

Illawarra Wingecarribee
Alliance Aboriginal
Corporation
PO Box 169
WARILLA NSW 2528
T: 02 4295 7385
E: LDM.Illawarra@mail.com