



SCHEDULE 1 – APPLICATION FOR MEMBERSHIP OF FVLSAC

Please note the Application for FVLSAC Application Form must be completed and signed by the applicant and returned to the Family Violence Legal Service Aboriginal Corporation (SA) (FVLSAC) via one of the following options:

Mail or drop the form into

- PO Box 2087, Port Augusta SA 5700 or Port Augusta Office, 26 Jervois, Port Augusta.
- PO Box 319, Ceduna SA 5690 or Ceduna Office, 17 McKenzie Street, Ceduna.
- PO Box 750, Port Lincoln SA 5606 or Port Lincoln Office, 56 St Andrews Terrace, Port Lincoln.

Or email to ceo@fvlsac.org.au

Name of Individual / Organisation _____

Please note if organisational application for membership the key contact must be listed.

DOB (if individual nomination) ____/____/____

Contact Address: _____

Contact Phone: _____ Other Phone contact: _____

Email: _____

DECLARATION

- ☐ I declare I am eligible for membership and that:
- ☐ I am 18 years of age or over;
- ☐ I am an Aboriginal and /or Torres Strait Islander person; and
- ☐ I am a resident of either the Eyre, Western and Far North region of South Australia; and
- ☐ I have read and do support the objectives of the FVLSAC as contained in the FVLSAC Rule Book; and
- ☐ I agree to abide by the Rule Book of FVLSAC.

OFFICE USE ONLY

Date received: _____

Membership confirmed by the Board on: _____

Membership denied due to: _____

Signature of Chairperson / Board Director: _____

Entered on Register of Members on: _____

Letter confirming of application outcome sent on: _____