Family Violence Legal Service
Aboriginal Corporation (SA)

# APPLICATION FOR MEMBERSHIP OF FVLSAC

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

*26 Jervois Street, Port Augusta, SA 5700*
*89 Liverpool Street, Port Lincoln, SA 5606*
*17 McKenzie Street, Ceduna, SA 5609*
*or email to: ceo@fvlsac.org.au*

Name of individual or Organisation: .....

If an Organisation, name of delegate: .....

D.O.B.: .....

Contact Address: .....

.....

Contact Phone: .....

Other Phone: .....

Fax: .....

Email: .....

## DECLARATION

- ❑ I declare that I am eligible for membership and that:
- ❑ I am 18 years of age or over, and
- ❑ 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 Family Violence Legal Service Aboriginal Corporation as contained in the FVLSAC Rule Book, and
- ❑ I am not an Employee of FVLSAC
- ❑ I agree to abide by the Rule Book of FVLSAC

Signed: ..... Date: .....

## OFFICE USE ONLY

Date received: .....

Membership confirmed by the Board on: .....

Membership denied due to: .....

Signature of Chairperson/Board Member: .....

Entered on Register of Members on: .....

Letter confirming of membership sent on: .....