



# IAD Membership Application Form

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I/we apply to become member of the Institute for Aboriginal Development (Aboriginal Corporation) ICN: 7395 (IAD) and hereby agree to be bound by the Institute's Constitution and Rule Book.

First Name		Last Name	
Address			
Mailing address			
Home phone		Work phone	
Mobile		Email	
Signature of applicant of authorised person		Date	

<b>Nominator (IAD member)</b>	
Full name	
Signature	
Address	
<b>Secunder (IAD member)</b>	
Full name	
Signature	
Address	

<b>Office Use only</b>			
Membership form received	Date:	Staff:	
Application tabled at directors' meeting held	Date:	Approved / No Approved	
Signature of Chairperson:			
Applicant advised	Date:		
Entered on register of members	Date:	Initial:	

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