



**ORANA HAVEN ABORIGINAL CORPORATION**  
(Drug & Alcohol Rehabilitation Centre)

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Brewarrina NSW 2839  
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**ORANA HAVEN ABORIGINAL CORPORATION ICN34**

**APPLICATION FOR MEMBERSHIP**

I, \_\_\_\_\_  
(First name of applicant) (Last name of applicant)

of

\_\_\_\_\_  
(Address of applicant)

hereby apply for membership of the Orana Haven Aboriginal Corporation.

I declare that I am eligible for membership under Rule 3.1

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Corporation use only**

Application received	Date:
Application tabled at directors' meeting	Date:
Directors consider applicant is eligible for membership	Yes / No
Directors approve the application	Yes / No
If approved, new members' details added to register of members	Date:
Applicant notified of directors' decision	Date: