

SCHEDULE A

*Schedule A to the Rules of Anyinginyi Health Aboriginal Corporation*

**APPLICATION FOR MEMBERSHIP OF ANYINGINYI HEALTH  
ABORIGINAL CORPORATION**

I,.....  
**(print name)**

of,.....  
**(print residential and postal address)**

Apply to become a member of Anyinginyi Health Aboriginal Corporation and undertake to comply with the Rules of the Association if granted membership.

Eligibility Clause 5.2.2 I declare

- I am 18 years and older
- Of Aboriginal and Torres Strait Islander descent
- Has lived in the Region for a continuous of two years prior to application
- Or am a person who is confirmed by a Land Council as being a member of the local descent group satisfying the definition in the *Community Aboriginal Land Rights NT Act* of “Traditional Aboriginal Owners” in relations to any land within the Barkly Region

SIGNED: \_\_\_\_\_  
**(signature of applicant for membership)**

WITNESSED: \_\_\_\_\_  
**(signature of current registered member witnessing signature of applicant)**

DATE: \_\_\_\_\_  
**(date when document signed by applicant)**

Please Note:

\*Aboriginal and Torres Strait Islander persons not locally known may be required to provide proof of Aboriginality prior to Anyinginyi’s Board acceptance. \*\* Any Eligibility queries.

\*\*\*If this is required a written request will be sent to the applicant. Membership will not be accepted until documentation is supplied.