



Membership Application

Full Name Of Applicant:

Address:

Suburb:.....Postcode:.....

Telephones: (H).....(W).....Mob.....

Date Of Birth:Email:

Would you be available to assist Link-Up on a voluntary basis? YES NO

What skills can you bring to the Organisation?

Please state the reason why you would like to become a member of Link-Up (Qld):

Is Proof of Aboriginality document enclosed as required? YES NO
If NO, please contact your local Aboriginal organisation to confirm your Proof of Aboriginality.

Signature Of Applicant:.....Date:

Please return this form with your supporting documents to:

**LUQ Membership Application,
PO Box 5487 West End, Q 4101**

Link-Up (Qld) Aboriginal Corporation is a registered Body Corporate under the
Aboriginals Councils and Associations Act of 1976.

For Office Use Only:

Membership **Authorised** **Not Authorised** by the Governing Committee.

Chairperson:..... Date:

ACTION REQUIRED: Send letter of **Acceptance** **Rejection**