



Central Australian Aboriginal Media Association Application for Membership Form

APPLICATION FOR MEMBERSHIP

(first name of applicant)

(last name of applicant)

(address of applicant)

Date of Birth: / /

(hereby apply for membership of)

CAAMA
Central Australian Aboriginal Media Association

I declare that I am eligible for membership.

Signed: _____

Date: _____

Office use only

Date presented to the CAAMA Board of Directors: / /

Membership: Approved Not Approved

Date added to register: / /

Authority sign off (Chairperson) _____