



Australian South Sea Islanders (Port Jackson) Limited
Membership Application Form

I, _____
(Full name of Applicant)

Of _____
(Full Address for all correspondence of applicant)

Email: _____

Phone: _____ Mobile: _____

Website / social media site details if you have one:

Hereby apply to become a Member of the ASSI.PJ Ltd. In the event of my admission as a member, I agree to be bound by the current Rules of the Association.

Fee: 10.00 AU per annum (payment's excepted by receipted cash, direct bank deposit, cheque or EFT)

What is your heritage / identity? Vanuatu, Solomon's, Torres Strait Islands
(please circle)

Comment / Other:

Are you of Aboriginal descent? YES / NO **(please circle)**

Comment / Other:

CIRCLE OPTION BELOW

1. Full - (Full members is if you are an ASSI descendant)

2. Associate - (Associate is for a non ASSI person / friends of)

Are you an Australian born South Sea Islander (circle option) YES / NO

Date: / / 20 Signature of Applicant: _____

Witness must have known you for 2 years or more.

Witness name:

Address witness:

Contact of Witness:

Date / / 20

Signature of Witness:

Membership PAYMENTS & DONATIONS; Can be made via Internet EFT OR direct deposit over the counter at ...

BANK: Commonwealth Bank of Australia (CBA)

ACCOUNT NAME: AUSTRALIAN SOUTH SEA ISLANDERS PORT JACKSON

BSB: 062020 ACCOUNT NUMBER: 10251466

REFERENCE: write your name in the 'description' section of deposit

Should payments be made via EFT please email receipt to e: assi.pj@gmail.com

Office Use Only

Elders Committee Sighted.

Date / / 20



Emelda Davis

Approved. Signature of President/ Secretary

Date: / / 20

Print Name (above)

PAID AMOUNT: -