



Aboriginal Legal Service of WA (Inc)

APPLICATION FOR ALSWA MEMBERSHIP

(Please Print)

1. Full Name:

Mr / Mrs / Ms / Miss

2. Address

_____ Post Code: _____

3. I have lived in Western Australia for _____ years / months. I normally reside in Western Australia.

4. My date of birth is ____/____/____

5. I am over 18 years of age and I declare that the above information is true and correct.

_____/____/____

Signature of Applicant

Please Note:

Clause 8(c) of the Aboriginal Legal Service states that membership of the Aboriginal Legal Service (Inc) shall be open to all adult Aboriginal Persons who make allocation to the ALSWA Governing Committee and who normally reside in the state of Western Australia

Please return the completed form to the Aboriginal Legal Service of WA, PO Box 8194,
PERTH BUSINESS CENTRE, WA, 6849 or to any ALSWA office throughout the state.