



PORT KENNEDY ASSOCIATION INCORPORATED

PO Box 114, Thursday Island, QLD, 4875

Ph: 07 4069 2306 Fax: 07 4069 1977

ABN: 73 504 400 188

APPLICATION FOR MEMBERSHIP

I, _____ (Print Name), of

_____ (Address)

Certify that I am shown on the Electoral Roll for Queensland Seat of Cook as being residentially qualified for membership of the Port Kennedy Association Incorporated

I further state that I accept nomination for membership of the Association by two members of the Association whose signatures appear below.

I also certify that I am prepared to support and promote the objects of the Association set out below:

- To advise Federal & State Governments on matter affecting the lifestyle of Aboriginal, Torres Strait Islander & other residents in the Port Kennedy area;
- To make recommendations to Federal & State Governments about funding in the Port Kennedy area in order that priorities be established according to the various needs of Communities & Organisations in that area;
- To assist in establishing services for Communities and Organisations in the Port Kennedy area;
- To assist unified action & equality of representation in dealings by the Port Kennedy area with Federal & State Government, Local Government and commercial enterprises;
- To liaise with all Government Departments in the Port Kennedy area to facilitate their achievements of their aims and projects; and
- To promote the interests of the members of the Association and residents of the Port Kennedy area in maintaining the Australian National citizenship and identity.

Signed: _____ Date: _____

Signature Nominator 1: _____ Date: _____

Signature Nominator 2: _____ Date: _____

Serving the Community

Email: portkennedyassoc@bigpond.com