

# Individual Member Application Form



I [REDACTED]  
(Full Name)

Of [REDACTED]

[REDACTED]  
(Address)

hereby apply to become a member of the Ngarrindjeri Regional Authority Inc.  
I certify that I am eligible to become an individual member of the Ngarrindjeri  
Regional Authority Inc.

I agree to abide by all rules of the Ngarrindjeri Regional Authority Inc. and the  
Act.

Signed [REDACTED]

Date [REDACTED]

## Contact Information

Date of birth [REDACTED]

Phone [REDACTED]

Email [REDACTED]