



# MEMBERSHIP APPLICATION FORM

If membership is approved, then a \$1.00 per year membership fee is to be paid and renewal becomes due on 1 July annually.

## Applicant Details

Name	<input type="text"/>		
Street Address	<input type="text"/>		
Suburb	<input type="text"/>	Postcode	<input type="text"/>
Phone Number	<input type="text"/>	Mobile Phone Number	<input type="text"/>
Email	<input type="text"/>		

## Eligibility

Any person is eligible to become a member if the person lives within the area serviced by the Company and

- a) the person is an Aboriginal or Torres Strait Islander; or
- b) the person satisfies the Directors that he or she agrees to the objects of the Company, and

must be approved by the Directors.

## Declaration

I hereby apply for membership to the Aboriginal and Torres Strait Islander Community Health Service Brisbane Limited.

Please select one of the following to indicate your descent:

- Aboriginal       Torres Strait Islander       Aboriginal & Torres Strait Islander  
 Not of Aboriginal or Torres Strait Islander descent

I agree to be bound by the Constitution of the Company and any resolutions of the Board.

Signature of Applicant:  Date:

Name of ATSICHS Member Proposing:  Signed:

### OFFICE USE ONLY

Received by:  Date:

Date of Board Meeting:

Board Decision:  Approved       Not Approved

