

Please complete all details carefully - Failure to complete the form will result in your application not being considered for membership.

Date of Application: \_\_\_\_\_

**MEMBERSHIP CATEGORY**    New Member (\$2.00)     Renewal (\$2.00)     Honorary

**PERSONAL DETAILS**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_                      Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Skills/Interests: \_\_\_\_\_

**MEMBERSHIP ELIGIBILITY CRITERIA** *(Please place a tick beside each statement)*

- I am 18 years of age or older;
- I identify and, I am recognized and accepted as an Aboriginal and/or Torres Strait Islander Person;
- I permanently reside in the Eligible Membership Area\* (\*Area Bounded by the Local Government Areas of Mackay, Isaac, Whitsunday and Central Highlands) and I have been resident in the Eligible Membership Area for a continuous period of 12 months prior to making this application for membership;
- I declare that I will take active participation in furthering the Objects of the Company;
- I agree to be bound by the Memorandum and Articles of Association of the Organisation, its' By- Laws and resolutions of the Directors or a Committee of the Organisation.

**DECLARATION**

The information I have supplied in this application is true and correct and I hereby apply for membership of the:                      *Aboriginal & Torres Strait Islander Community Health Service Mackay Ltd*

**Signature of Applicant:** \_\_\_\_\_

Name of Proposer: \_\_\_\_\_    Signature of Proposer: \_\_\_\_\_    Date: \_\_\_/\_\_\_/\_\_\_

**\*\*PLEASE NOTE:** The Proposer must be a current financial member of the Company; to ensure you are a current financial member, fees are paid as per Financial Year.

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