

Section 1

ORDINARY MEMBERSHIP APPLICATION – NEW

GLADSTONE REGION ABORIGINAL AND ISLANDER COMMUNITY CONTROLLED HEALTH SERVICE LTD

To be eligible for Ordinary Membership, you **MUST** satisfy clause 5.4 and 5.10 of the constitution, that is – be a person at least 18 years old, of Aboriginal or Torres Strait Islander descent, identify as Aboriginal and/or Torres Strait Islander, reside & continue to reside in the Gladstone Region, be recognised by the community as an Aboriginal or Torres Strait Islander, agree to pay the Members guarantee levy (not to exceed \$10 - clause 54.1), pay the membership fee (as set from time to time) and apply in a form approved by the Board.



Title (Mr/Mrs/Miss) First Name: Surname:

Address:

State: Post Code:

Telephone: Mobile:

Email:

How long have you lived continuously at this address? (months/years)

(please provide documentary evidence of residency)

Your Date of Birth: (Day/Month/Year)

(please provide documentary evidence of age)

DECLARATION I solemnly and sincerely declare that: (Please tick)

- A. I am of Aboriginal or Torres Strait Island descent I identify as a Torres Strait Islander person
 I identify as an Aboriginal person I identify as an Aboriginal and Torres Strait Islander person

AND 1. I am accepted as such by the community in which I currently live.

(Community name)

OR 2. I am accepted as such by the community in which I have lived.

(Community name)

(How long months/years)

OR 3. I have attached a confirmation letter from:

(Community organisation)

- B. I will abide by the company's Constitution, the Charter of Corporate Governance, and any other policy or procedure set by the Board as amended from time to time.
C. I agree to pay the Members guarantee levy up to \$10 if required (clause 54.1).

ANNUAL FEE Due: 15 October or closest business day

Ordinary Membership Fee	\$5.00
Ordinary Concession Fee	\$2.50

If you wish to apply for a concession fee please provide evidence of your concession card with this application.

Do you wish to apply for a concession fee?

(Please tick) Yes No

NOTE – ONLY MEMBERS WHO HAVE PAID THE MEMBERSHIP FEE BY THE DUE DATE MAY VOTE AT GENERAL MEETINGS.

Your signature:

Witness signature:

Witness name:

Date:

Please sign and return this form in a sealed envelope with copy evidence documents and your fee or reduced fee, addressed to: GRAICCHS Company Secretary – Registered Office, 27-29 Goondoon Street, Gladstone Q 4680 or PO Box 5158, Gladstone Q 4680.