

# Section 1

## ASSOCIATE MEMBERSHIP - RENEWAL

GLADSTONE REGION ABORIGINAL AND ISLANDER COMMUNITY CONTROLLED HEALTH SERVICE LTD

To be eligible for Associate Membership, you MUST satisfy clause 5.5 of the constitution which includes residing and continuing to reside in the Gladstone Region, agree to pay the Members guarantee levy (not to exceed \$10 - clause 54.1) and pay the membership fee (as set from time to time).



**NHULUNDU**  
HEALTH SERVICE

ACN: 610 044 641

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

Address: .....

State: ..... Post Code: .....

Telephone: ..... Mobile: .....

Email: .....

### DECLARATION

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

- A.  I continue to reside in the Gladstone Region
- B.  I will abide by the company's Constitution, the Charter of the 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

Associate Membership Fee \$ 5.00

Associate 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 – ASSOCIATE MEMBERS ARE NOT ENTITLED TO SPEAK OR 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.



Gladstone Region Aboriginal and Islander Community Controlled Health Service Ltd.

27-29 Goondoon St Gladstone | PO Box 5158 Gladstone Q 4680 | ACN. 610 044 641

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