

# Section 1

## AFFILIATE MEMBERSHIP APPLICATION – NEW

GLADSTONE REGION ABORIGINAL AND ISLANDER COMMUNITY CONTROLLED HEALTH SERVICE LTD

To be eligible for Affiliate Membership, you MUST satisfy clause 5.6 and 5.10 of the constitution, that is – be an Organisation incorporated under Commonwealth or Queensland legislation, be considered by the GRAICCHS Board to have an interest in its objects, 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.



Organisation Name: .....

Registered Office: .....

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

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

Business Address .....

Email Address: .....

### DECLARATION I solemnly and sincerely declare that:

ABN/ACN: .....

(Insert Name of Organisation) .....

- A. Is Incorporated under (please tick relevant box)
  - Commonwealth legislation
  - Queensland legislation
- B. 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. Agrees to pay the Members guarantee levy up to \$10 if required (clause 54.1).

### ANNUAL FEE Due: 15 October or closest business day

Affiliate Membership Fee \$00.00

Please sign and return this form in a sealed envelope with copy of your organisation's certificate of incorporation, letter explaining why it wishes to become an Affiliate Member of GRAICCHS and the fee (if applicable), addressed to: GRAICCHS Company Secretary - Registered Office, 27-29 Goondoon Street, Gladstone Q 4680 or PO Box 5158, Gladstone Q 4680.

Your signature: .....

Witness signature: .....

Witness name: .....

Date: .....