

Section 1

ASSOCIATE MEMBERSHIP APPLICATION – NEW

GLADSTONE REGION ABORIGINAL AND ISLANDER COMMUNITY CONTROLLED HEALTH SERVICE LTD

To be eligible for Associate Membership, you **MUST** satisfy clause 5.5 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), are an employee of the company or have been employed within the last 12 months prior to the date of admission as an Associate Member 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

Associate Membership Fee \$ TBA
Associate Concession Fee \$ TBA

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.