



TAIHS
Townsville Aboriginal &
Islander Health Service

application for membership

I, (Mr Mrs Ms Miss) _____
(first & last name of applicant)

Of _____
(full address including suburb and postcode)

Please indicate if you are of Aboriginal and/or Torres Strait Islander descent:

- Aboriginal
- Torres Strait Islander
- Non-Indigenous

**APPLY FOR MEMBERSHIP to the Townsville Aboriginal and Torres Strait Islander Corporation
for Health Services.**

Signature of Applicant

Date

OFFICE USE ONLY

Application tabled at Board meeting held on

Date: _____

Resolution number

Resolution Number: _____

Directors confirmed applicant is eligible for membership

Yes No

Entered on register of members

Date: _____

Chairperson's Signature