



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 in accordance with its Constitution and Rules, by which I agree to be bound.

Signature of Applicant

Date

As per the TAIHS rule book, the \$5 membership fee

- Enclosed with this form
- Transferred to TAIHS bank account BSB 032-769 A/C 485955 with reference "Your First Name + Your Last Name"

Return completed form to either

A) Garbutt Clinic Reception - 57-59 Gordon Street, Garbutt QLD 4814

B) PO Box 7534, Garbutt BC, QLD 4814, Attn of Company Secretary

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