

application for membership

I, (Mr / Mrs / Ms / Miss / Other): _____

(FIRST AND LAST NAME OF APPLICANT)

Residing at: _____

(FULL ADDRESS INCLUDING SUBURB AND POSTCODE)

Phone number: _____ Email address: _____

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: __/ __/ __

Resolution Number: _____

Directors confirmed applicant is eligible for membership? ☐ Yes ☐ No

Entered on register of members: __/ __/ __

Chairperson's Signature