

Membership Application

Any person is eligible to become a Member if the person:

- a. Is aged 18 years or over
- b. Is an Aboriginal and /or Torres Strait Islander person
- c. Is a resident in the geographic service area
- d. Is not an employee or contractor to the company
- e. Pays subscription fee
- f. Agrees to assume the liability to pay the members guarantee set out in clause 58.1 of the Company Constitution

The Board will consider each application for membership at the next Board Meeting after the application is received.

I would like to become a member of Cherbourg Regional Aboriginal and Islander Community Controlled Health Services Ltd (CRAICCHS)

Name: _____

Address: _____

Phone: _____

Date of Birth: _____

Signature: _____

Date: _____

Application presented to Board Meeting

Date: _____

Membership Accepted: Yes No (please tick)

Chairperson Verification:

Name: _____

Signature: _____ Date: _____

Office Use Only

Membership Fee Payment (\$5.00)

Staff Signature: _____ Date: _____

Receipt Number: _____