



Postal Address PO Box 479, COTTON TREE QLD 4558 • P 07 5346 9800 • F 07 5346 9899 • E admin@ncacch.org.au • W www.ncacch.org.au

APPLICANT INFORMATION		
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other		Health Access Card Number:
Last Name:		
First Name:	Middle Name:	DOB:
Postal Address:		
City:	State:	Post Code:
Home Phone:	Mobile Phone:	
E-mail Address:		
Are you Aboriginal and /or Torres Strait Islander?		
<input type="checkbox"/> YES, Aboriginal <input type="checkbox"/> YES, Torres Strait Islander <input type="checkbox"/> NO, Non-Indigenous		
From the "Rules of the North Coast Aboriginal Corporation for Community Health" 5.2.2 Who can apply to become a member (eligibility for membership)? A person who is eligible to apply for membership must be an individual who is: (a) at least 18 years of age and an Aboriginal or/and Torres Strait Islander person; (b) Residing in the Sunshine Coast Regional Council or Gympie Region for a period of at least six months. 5.8 Associate Members (a) A person who is not entitled to become a member of the Association under the rule 5.2.2 may apply for associate membership. Decisions on associate membership applications shall be made by the Board of Directors. (b) An associate member shall have the same rights and responsibilities as a member but is not entitled to vote at meetings of the Association or to stand for election to the Board of Directors. Membership application forms are to be submitted to the Committee with an annual membership fee of \$5.00. The membership roll will close 30 June each year and re-open for new memberships and renewals on the day following the AGM. All membership fees must be paid on or before 30 June each year to be eligible to vote (Full Memberships Only) at the following AGM.		
DISCLAIMER AND SIGNATURE		
The information I have provided on this form is true and correct and I have read and understand the above NCACCH Membership Eligibility Guidelines. I am aware that I may be asked to provide additional information to support my case and confirm my eligibility of becoming an approved member of NCACCH. If I am unable to provide sufficient documentation I am aware that my application may be declined.		
Signature:		Date:

NCACCH OFFICE USE ONLY		<input type="checkbox"/> New Member	<input type="checkbox"/> Renewal
Date Received:	By:	Receipt No:	
Current HAC Application Date:		Referrer Name:	
Follow Up Required: <input type="checkbox"/> NO <input type="checkbox"/> YES, please provide details:			
Follow Up Letter Sent:		Follow Up Documents Received:	
Date Entered into Membership Database:		Data Entered By:	
Entered As	<input type="checkbox"/> Full Membership <input type="checkbox"/> Associate Membership <input type="checkbox"/> Membership Pending		
Approval From the Board of Directors <input type="checkbox"/> YES <input type="checkbox"/> NO		Date:	
Letter of Approval/Rejection Sent		By:	Date



Membership / Renewal

NCACCH needs more people from around the Sunshine Coast and Gympie areas to become members.

“As a Financial Member you will be eligible to attend and VOTE* at the NCACCH annual general meeting, receive a newsletter every 3 months, to know that your proceeds go towards providing and increasing the health services you are accustomed to”

(*Refer to clause 5.2.2 and 5.8 on NCACCH Membership form for membership eligibility)

Membership must be paid before 30 June 2018

The \$5.00 fee is for membership only.

THE NCACCH CARD AND ACCESS TO SERVICES IS AT NO COST

Please complete the membership application / renewal on the back of this notice and return to NCACCH along with your \$5 fee

NCACCH
PO Box 479 COTTON TREE QLD 4558

For more information please contact NCACCH on 5346 9800

**PLEASE PAY
WITH CORRECT
CHANGE**