

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:
First Name:	Middle Name:	Last Name:	
Date of Birth:	Male / Female		
Residential Address:			
Postal Address: (if different to above)			
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.

PLEASE NOTE:

- Membership applications will be accepted up until **June 30** each year. NCACCH is unable to process applications received after this date.
- A **\$5.00 fee** is required to become a financial (voting) member.
- NCACCH is unable to process any applications which are incomplete – i.e. missing relevant supporting information or \$5.00 fee.

APPLICANT CHECKLIST – Please tick the boxes below before returning this form to ensure you have met all requirements;

- I am at least 18 years old
- I have included proof of residency if required (see above 5.2.2 (b)) e.g. Electricity bill, rent agreement
- IF NOT A NCACCH CLIENT - I have included documents/referee confirming that I am Aboriginal and/or Torres Strait Islander (not-applicable for non-Indigenous applicants)
- I have included my membership fee of \$5.00 and signed this form

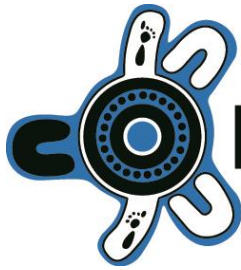
DISCLAIMER AND SIGNATURE

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 if relevant, I must 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:	
Date Entered into Membership Spreadsheet:		Entered By:	
Board of Directors Approval <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		Date:	
Letter of Approval / Not Approved - Sent <input type="checkbox"/> YES <input type="checkbox"/> NO		By:	Date



NCACCH | North Coast Aboriginal Corporation
for Community Health

Have your say by becoming a NCACCH Financial (Voting) Member!

As Financial Member you will be eligible to;

- **Attend and VOTE* at the NCACCH Annual General Meeting**
- **Receive a newsletter every 3 months**
- **Support your local Aboriginal Health Service**

***Refer to clause 5.2.2 and 5.8 on NCACCH Membership Form
for membership eligibility**

- ❖ **Membership applications must be received before 30 June 2022**
- ❖ **There is a \$5.00 fee to become a NCACCH Financial (Voting) Member**
- ❖ **This is separate to your NCACCH Health Access Card, which is free**

To become a NCACCH Financial (Voting) Member -

**Please complete the membership application on the back,
include your \$5.00 payment in the enclosed Replied Paid Envelope.**

or for more information please contact NCACCH on 5346 9800.