

FINANCIAL MEMBERSHIP APPLICATION

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				
Mr Mrs Miss Ms Other Health Access			s 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	? YES, Aboriginal	YES,	Torres Strait Islander	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:				
		1		
NCACCH OFFICE USE ONLY	T		New Member	Renewal
Date Received:	1 '		ceipt No:	
			eferrer Name:	
Date Entered into Membership Spreadsheet: Entered By:				
Board of Directors Approval YES NO N/A Date:				
Letter of Approval / Not Approved - Sent	☐ YES ☐ NO	Ву:		Date



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

As a 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
- **❖** 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 or online at ncacch.org.au/ncacch-financial-membership-application/

Pay your \$5.00 fee at either NCACCH Head Office (Birtinya), or Aboriginal Medical Service (Gympie) or with your online application.

For more information please contact NCACCH on 5346 9800.