

APPLICANT INFORMATION

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		
<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 North Coast Aboriginal Corporation for Community Health "Rule Book"

3.0 Membership of the Corporation

3.1 Who is Eligible

A Member must be:

- (a) at least 18 years old;
- (b) an Aboriginal and/or Torres Strait Islander person; and
- (c) currently residing in the NCACCH Service Region, having lived in this region for a period of at least six months.

3.3 Associate Members

- (a) A person who is not Aboriginal and/or Torres Strait Islander may apply for membership as an Associate Member. Decisions on Associate Membership applications will be made by the Board of Directors.
- (b) An Associate Member must meet all other eligibility requirements under rule 3.1, except for identifying as Aboriginal and/or Torres Strait Islander.
- (c) An Associate Member has the same rights and responsibilities as a Member (including without limitation under rules 3.6 to 3.8 of the Rule Book), but is not:
 - (i) Entitled to vote at meetings of the Corporation; or
 - (ii) Entitled to stand for election as a Director.
 - (iii) A register will be kept for all Associate Members.
 - (iv) Associate Members' memberships shall cease in the same way as for a Member under the Rule Book.

PLEASE NOTE:

- Membership applications will be accepted up until **June 30** each year. All applications received from 01 July will be placed on hold until after the Annual General Meeting has been held.
- A **\$5.00 fee** is required to become a financial member.
- Applications which are incomplete, will be followed up for – 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 3.1 (c)) e.g. Electricity bill, rent agreement
- ☐ IF NOT A NCACCH CLIENT - I have included documents/referee details confirming that I am Aboriginal and/or Torres Strait Islander (not-applicable for non-Indigenous Associate Member 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 application to confirm my eligibility for 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

Have your say by becoming a NCACCH Financial Member!

As a Financial Member you will be eligible to;

- **Attend and VOTE* at the NCACCH Annual General Meeting**
- **Receive regular updates on operational activities**
- **Support your local Aboriginal Health Service**

***Refer to clause 3.1 and 3.3 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 -

**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), Aboriginal Medical Service (Gympie) or with your online application.

For more information please contact NCACCH on 5346 9800.