

ORDINARY MEMBERSHIP APPLICATION — NEW

www.kambuhealth.com.au

ICN 7942



To be eligible for Ordinary Membership, you **MUST** be aged 18 years or over, of Aboriginal or Islander descent and ordinarily reside in the Ipswich and West Moreton, Lockyer Valley, Somerset or Scenic Rim area for a minimum of 12 continuous months. Kambu Health employees or contractors are not eligible for Ordinary membership.

Title: First Name: Surname:

Address:

Post Code: State:

Telephone: Mobile: Email:

How long have you lived continuously at this address? If less than 12 months add your previous address stating how long you continuously lived there. You may be asked for documentary evidence of relevant residency.

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Your Date of Birth: Day: Month: Year:

Declaration

I solemnly and sincerely declare that:

A.

- I identify as an Aboriginal person
- I identify as a Torres Strait Islander person
- I identify as an Aboriginal and Torres Strait Islander person

AND

1. I am accepted as such by the (insert community name) community in which I currently live.

OR

2. I am accepted as such by the (insert community name) community in which I lived for (insert how long) months/years.

OR

3. I have attached a confirmation letter from (insert name of community organisation)

B.

I will abide by the Corporation's Constitution as amended from time to time.

For contact purposes I authorise Kambu Health Clinics to provide the Company Secretary with such information as may be requested regarding my most recent contact details.

Please Note - Proposer and Seconder must be current Ordinary Members. Membership is current when approved by the Board.

Referring Ordinary Member (Proposer): Name: Signature:

Seconder Ordinary Member: Name: Signature:

Please sign and return this form enclosed in a sealed envelope to: **Kambu Health, Registered Office**, 27 Roderick Street, Ipswich QLD 4305, or PO BOX 382, Booval Fair QLD 4304, or by email to: board@kambuhealth.com.au

Your application will be presented at the first available Board meeting for consideration. If the Board requires additional information in relation to your application, you will be contacted accordingly. Following consideration of all information, the outcome of your application will be communicated to you by email or mail. Please note it is the responsibility of all members to update your details (change of address); you can do this by emailing: board@kambuhealth.com.au

Your signature:

Date: ____ / ____ /