ORDINARY MEMBERSHIP APPLICATION – **NEW**

www.kambuhealth.com.au ICN 7942

To be eligible for Ordinary Membership, you MUST be over 18 years of age, Aboriginal and/or of Torres Strait Islander descent and ordinarily reside in the Ipswich, Boonah, Esk or Laidley area for a minimum of twelve continuous months. Kambu Health employees or contractors are not eligible for Ordinary membership but may submit an Associate Membership Application.

Title: ..... First Name: ..... Surname: .....

Your Date of Birth: Day: ..... Month: ..... Year: .....

Address: .....

..... State: ..... Post Code: .....

Telephone: ..... Mobile: ..... Email: .....

How long have you lived continuously at this address? ..... If less than twelve months add your previous address stating how long you continuously lived there: .....

Please provide a copy of your identification with your application. If address doesn't match above, also provide proof of address.

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 and the Member's Charter as amended from time to time.

C.

☐ That the details I have provided are true and correct

Other Authorisation (only mark if you agree):

☐ I authorise Kambu Health to access my medical/client records solely for the purpose of obtaining my contact details to update my membership records. No other information contained in my records may be accessed or used.

☐ I consent to receiving and/or being provided with information about Kambu Health and other relevant services, including promotional and marketing information. I understand that this may include information about programs, events, services, and other opportunities that may be relevant to me. I understand that I can withdraw my consent to receive marketing or promotional information at any time.

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Referring Ordinary Member:

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 and email to board@kambuhealth.com.au or send enclosed in a sealed envelope to:

Att: Board Secretary, Kambu Health 27 Roderick Street, Ipswich QLD 4305 or PO Box 382, Booval Fair QLD 4304.

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; you can do this by completing the Change of details for and emailing it to: board@kambuhealth.com.au

Your signature: ..... Date: ..... /..... / .....

Name (if signing on behalf of dependent): .....