

ASSOCIATE MEMBERSHIP APPLICATION — NEW

www.kambuhealth.com.au

ICN 7942



To be eligible for Associate Membership, you **MUST** be aged 18 years or over, have an interest in the corporation and its objects, ordinarily reside in the Ipswich and West Moreton, Lockyer Valley, Somerset or Scenic Rim area for a minimum of 12 continuous months.

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:

Please provide a short summary which explains your interest in Kambu Health and its objects (if you need further space please continue on back of this form):

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I agree to abide by the Corporation's Constitution and the Member's Charter as amended from time to time.

The Proposer and Seconder must be current Ordinary Members. Membership is current after Board approval.

Referring Ordinary Member (Proposer): Name: Signature:

Seconder Ordinary Member: Name: Signature:

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 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: / /