

# MEMBERSHIP — RESIGNATION

www.kambuhealth.com.au

ICN 7942



To confirm that you wish to resign as a member, please complete and sign this form. The resignation will be effective immediately.

I wish to resign as a member of Kambu Aboriginal and Torres Strait Islander Corporation for Health - ICN 7942. My details are:

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

Date of Birth: ..... / ..... / .....

Address: .....

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

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

Email: .....

Type of Membership (if known):

- Ordinary
- Associate

Your signature: .....

Witness signature: .....

Witness Name: .....

Dated this ..... day of ..... 20 .....

Please sign and return this form in a sealed envelope addressed to the **Company Secretary, 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](mailto:board@kambuhealth.com.au)