

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 2022.

Please sign and return this form in a sealed envelope addressed to the **Company Secretary, Kambu Health – Registered Office**, 27 Roderick Street, Ipswich Q 4305 or PO Box 618, Ipswich Q 4305 or by email to company.secretary@kambuhealth.com.au