



## **MEMBERSHIP APPLICATION FORM**

### **Applicant Details**

Name:.....

Residential

Address:.....

Suburb:.....Postcode:.....

Postal Address (if different from above)

.....

.....

Phone Number.....

Email .....

### **Eligibility**

1.1 Any person is eligible to become:

(a) a Full Member if the person:

- (i) is aged 18 years or over;
- (ii) is an Aboriginal and/or Torres Strait Islander person;
- (iii) is a resident in the Geographic Service Area;
- (iv) is not a contractor to the Company; and
- (v) the person agrees to assume the liability to pay the Members guarantee of \$10.00 towards liquidation

(b) an Associate Member if the person:

- (i) is aged 18 years or over;
- (ii) is a resident in the Geographic Service Area;
- (iii) the person supports the Objects; and

- (iv) the person agrees to assume the liability to pay the Members guarantee of \$10.00 towards liquidation

Applications for membership of the Company must be signed by the applicant and \$2.00 membership fee is payable upon completing application form.

**Please select one of the following to indicate your descent:**

- Aboriginal  Torres Strait Islander
- Aboriginal & Torres Strait Islander  Not Aboriginal or Torres Strait Islander

**Declaration**

I hereby apply for Membership of Mamu Health Service Limited and upon being accepted I agree to be bound by the Constitution of the Company and any resolutions of the Board

Signature of Applicant:.....

Date:.....

Office use only: Date BOD Meeting ...../...../.....      Board Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Receipt Number and Date:..... Membership Number:.....
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