### WELLINGTON ABORIGINAL CORPORATION HEALTH SERVICE

### ICN:972

**Application for membership**

**Membership Contact Information**

|  |  |
| --- | --- |
| Full Name |  |
| Other Names  |  |
| Address |  |
| Suburb |  | State |  |  Post Code |  |
| Date of Birth |  |
| Phone Number |  |
| Email Address |  |

**Region of Membership being applied for**

I am applying to be a member of the following region of membership:

 **Tick (***✔)* **one box only**

|  |  |
| --- | --- |
| Wellington Member |  |
| Greater Western Sydney Member |  |
| Moree Member |  |

To be successful in your application for membership of Wellington Aboriginal Corporation Health Service, you are required to satisfy the membership criteria set out below. ***If you are unable to meet the requirements below, your application will not be successful and returned as incomplete or requesting further information.***

**Membership Criteria**

**Tick (***✔)* **once completed**

|  |  |
| --- | --- |
| 1. Provide Membership Contact Information in the table above.
 |  |
| 1. Be 18 years of age, show **one** form of identification
	1. provide a copy of your birth certificate; or
	2. provide a copy of your drivers license; or
	3. provide alternative identification (see membership criteria appendix)
 |  |
| 1. Be an Aboriginal and/or Torres Strait Islander person
 |  |
| 1. Provide evidence (eg drivers licence) that you are a permanent resident of one of the following areas:

For **Wellington Members**: in area with postcode 2820 or 2818For **Greater Western Sydney Members**: in one of the following Local Government Areas: * + - * Blacktown
			* Blue Mountains
			* Cumberland
			* Fairfield
			* Hawkesbury
			* Hills Shire
			* Parramatta
			* Penrith

For **Moree Members**: in area with postcode 2400, 2406 or 2409 |  |
| 1. Declare you will abide by the Rule Book, Code of Conduct and act in the best interests of the Corporation.
 |  |
| 1. Provide reasons for wishing to become a member.
 |  |

**Declaration**

I, (Full name of applicant),

apply for membership of the Wellington Aboriginal Corporation Health Service.

I declare that I am eligible for membership and confirm that I:

* am over 18 years of age
* am an Aboriginal person
* will abide by the Rule Book, the Act and the Member Code of Conduct
* will act in the best interests of the Corporation
* am a permanent resident a permanent resident of one of the following areas:

For **Wellington Members**: in area with postcode 2820 or 2818

For **Greater Western Sydney Members**: in one of the following Local Government Areas:

* + - * Blacktown
			* Blue Mountains
			* Cumberland
			* Fairfield
			* Hawkesbury
			* Hills Shire
			* Parramatta
			* Penrith

For **Moree Members**: in area with postcode 2400, 2406 or 2409

The reason/s I wish to become a member of Wellington Aboriginal Corporation Health Service are:

|  |  |
| --- | --- |
| Signature of Applicant: |  |
| Date: |  |

### Corporation use only

|  |  |
| --- | --- |
| Application received | Date: |
| Application tabled at directors’ meeting held on | Date: |
| Directors consider applicant is eligible for membership | Yes / No |
| Directors enter name, address and date on register of members | Date: |
| Directors have sent notification of directors’ decision to the applicant | Date: |

**Please send applications to:**

**Email:** **fallona@wachs.net.au**

**Post: Atten: Fallon AhSee**

 **30 Warne Street**

**Wellington NSW 2820**

**Forms can also be hand delivered to your local Clinic (Mt Druitt, Penrith, Katoomba, Moree or Wellington)**

**For any enquiries please contact: Fallon AhSee. Ph: 02 6845 9302**