



# WELLINGTON ABORIGINAL CORPORATION HEALTH SERVICE

ICN:792

## 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. **Please note that you can only apply for membership for one of region.**

Wellington
  Greater Western Sydney
  Moree

### 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:

## Membership Criteria

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.**

Tick (✓) once completed

1. Provide Membership Contact Information in the table above.	
2. Be 18 years of age, show <b>one</b> form of identification a. provide a copy of your birth certificate; or b. provide a copy of your drivers license; or c. provide alternative identification (see membership criteria appendix)	
3. Be an Aboriginal and/or Torres Strait Islander person	
4. Provide evidence (eg drivers licence) that you are a permanent resident of one of the following areas:  <ul style="list-style-type: none"> <li>• For <b>Wellington Members</b>: in area with postcode 2820 or 2818</li> <li>• For <b>Moree Members</b>: in area with postcode 2400, 2406 or 2409</li> <li>• For <b>Greater Western Sydney Members</b>: in one of the following Local Government Areas: <ul style="list-style-type: none"> <li>○ Blacktown</li> <li>○ Fairfield</li> <li>○ Parramatta</li> <li>○ Blue Mountains</li> <li>○ Hawkesbury</li> <li>○ Penrith</li> <li>○ Cumberland</li> <li>○ Hills Shire</li> </ul> </li> </ul>	
5. Declare you will abide by the Rule Book, Code of Conduct and act in the best interests of the Corporation.	
6. Provide reasons for wishing to become a member.	

Initial \_\_\_\_\_

## 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 of one of the following areas:
  - For **Wellington Members**: in area with postcode 2820 or 2818
  - For **Moree Members**: in area with postcode 2400, 2406 or 2409
  - For **Greater Western Sydney Members**: in one of the following Local Government Areas:
    - Blacktown
    - Blue Mountains
    - Cumberland
    - Fairfield
    - Hawkesbury
    - Hills Shire
    - Parramatta
    - Penrith

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

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Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Please send applications to:**

**Email:** [companysecretary@wachs.net.au](mailto:companysecretary@wachs.net.au)

**Mail to:** Company Secretary, Wellington Aboriginal Corporation Health Service

30 Warne Street, PO Box 236, Wellington NSW 2820

**More information:** Contact Roz Styche on 0434 934 260