

# Ordinary Membership Application

AH&MRC SECRETARIAT

## PART A

We the undersigned, as duly elected representatives of an Aboriginal community controlled organisation, as defined in the AH&MRC Constitution, do hereby apply for Ordinary Membership to the Aboriginal Health & Medical Research Council of New South Wales.

We enclose as copy of our Certificate of Incorporation together with the latest official copy of our registered Constitution.

We acknowledge that this application will be processed by the AH&MRC Secretariat and evaluated by the Board prior to consideration by the Membership of the Council at a General Meeting.

### 1. Applicant Details

Name of Organisation

Act of Incorporation

Date of Incorporation

Name

Signature

Position

Date



**Aboriginal  
Health & Medical  
Research Council  
of NSW**

**Office address**  
35 Harvey Street  
Little Bay NSW 2036  
[www.ahmrc.org.au](http://www.ahmrc.org.au)

**Postal address**  
PO Box 193  
Matraville NSW 2036

**T** +61 2 9212 4777  
**F** +61 2 9212 7211  
**E** [ahmrc@ahmrc.org.au](mailto:ahmrc@ahmrc.org.au)

# Ordinary Membership Application

## PART B

### 2. Details of the Organisation

Name of Organisation			
Address			
Postal Address			
Telephone		Fax	
Chairperson's Name			
Chairperson's Phone			
Officer in Charge			
Officer's Title or Position			

### 3. Management Committee or Board of Directors – Names of Board Members

Please enclose:

<b>1</b> Copy of Certificate of Incorporation	
<b>2</b> Copy of Organisation's Latest Registered Constitution	



# Ordinary Membership Application

## PART C

### 4. Brief Description of Service Provided or Intended Service

(Please attach additional pages if insufficient space available)

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### 5. Statement of Objectives and/or Intentions

(Please attach additional pages if insufficient space available)

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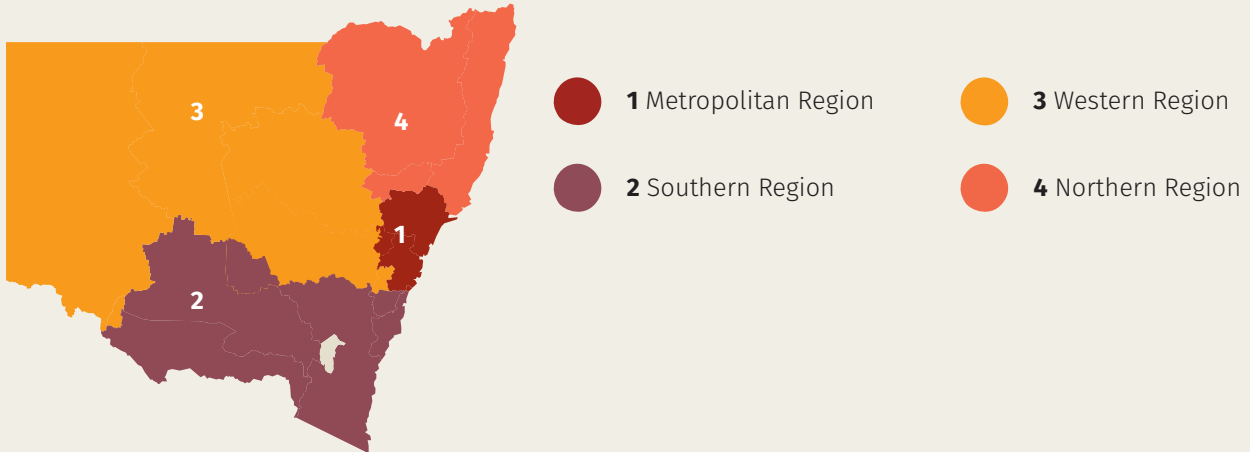
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# Ordinary Membership Application

## PART C

### 6. Nominated by AH&MRC Director for the Respective Region



Name of Director

Director's Signature

### 7. Seconded by Nearest ACCHS Member Organisation

Name of ACCHS

Name of Person

Position

Signature

Once completed, please send this form to [MMarlowe@ahmrc.org.au](mailto:MMarlowe@ahmrc.org.au)



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