

Associate 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 Associate 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

Name

Signature

Position

Date



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

Office address
35 Harvey Street
Little Bay NSW 2036
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

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PART B

2. Details of the Organisation

| | | | |
|--------------------------------|----------------------|-----|----------------------|
| Name of Organisation | <input type="text"/> | | |
| Address | <input type="text"/> | | |
| Postal Address | <input type="text"/> | | |
| Telephone | <input type="text"/> | Fax | <input type="text"/> |
| Chairperson's Name | <input type="text"/> | | |
| Chairperson's Phone | <input type="text"/> | | |
| Officer in Charge | <input type="text"/> | | |
| Officer's Title or Position | <input type="text"/> | | |

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

Please enclose:

| | |
|--|----------------------|
| 1 Copy of Certificate of Incorporation | <input type="text"/> |
| 2 Copy of Organisation's Latest Registered Constitution | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> |



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PART C

4. Brief Description of Service Provided or Intended Service

(Please attach additional pages if insufficient space available)

5. Statement of Objectives and/or Intentions

(Please attach additional pages if insufficient space available)



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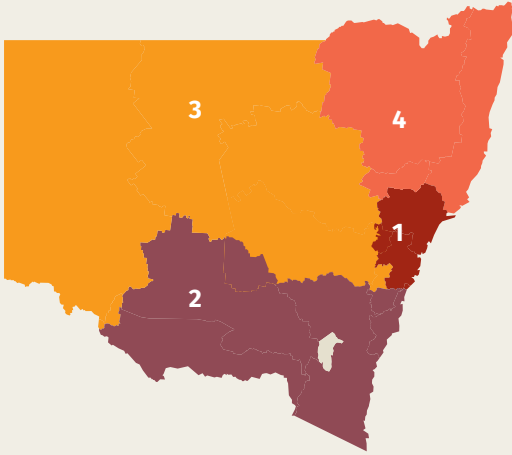
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PART C

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



-  **1** Metropolitan Region
-  **2** Southern Region
-  **3** Western Region
-  **4** Northern Region

Name of Director

Director's Signature

7. Seconded by Nearest ACCHS Member Organisation

Name of ACCHS

Name of Person

Position

Signature



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