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	

AH&MRC
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

Associate 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:	
1 Copy of Certificate of Incorporation	
2 Copy of Organisation's Latest Registered Constitution	

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Associate Membership Application
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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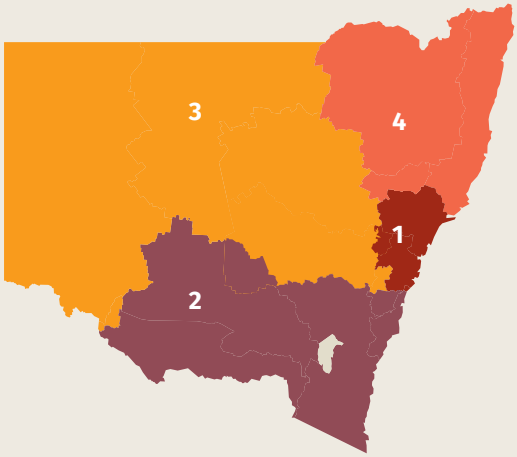
PART C

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



1 Metropolitan Region

3 Western Region

2 Southern 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	

Once completed, please send this form to jknight@ahmrc.org.au

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