

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



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

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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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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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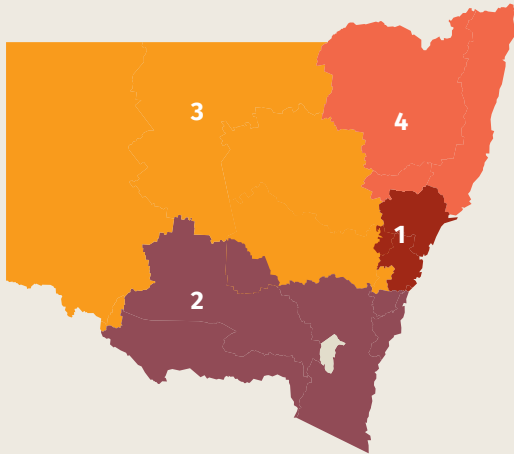
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PART C

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



1 Metropolitan Region



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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