



WINNUNGA NIMMITYJAH
ABORIGINAL HEALTH CLINIC/HEALTH SERVICE (ACT)
INC. – ABN 33 612 033 770

MEMBERSHIP APPLICATION FORM
(01 January 2017 TO 31 December 2017)

NAME: _____

ADDRESS: _____

_____ POSTCODE: _____

PHONE: _____ (H) _____ (W)

SIGNATURE: _____

DATE: _____

NOMINATED BY: _____

Signature: _____

SECONDED BY: _____

Signature: _____

AMOUNT: \$2.00 membership fee due and payable before voting at next AGM

Date paid: _____ Receipt Number: _____

BOARD RATIFICATION

Date: _____ Signature: _____ Yes No