



WINNUNGA NIMMITYJAH
ABORIGINAL HEALTH CLINIC/HEALTH SERVICE (ACT) INC.
ABN 33 612 033 770
63 Boolimba Crescent
NARRABUNDAH ACT 2604
AGPAL Accredited
QIC Accredited

RENEWAL FORM FOR CONTINUATION OF MEMBERSHIP (01 January 2017 to 31 December 2017)

NAME: _____

ADDRESS: _____

_____ POSTCODE: _____

PHONE: (H) _____ (W) _____

E-Mail _____

SIGNED: _____

DATE: _____

Amount: \$2.00 membership fee due and payable before voting at the AGM.

Date paid: Receipt Number: