



WINNUNGA NIMMITYJAH
ABORIGINAL HEALTH AND COMMUNITY SERVICES LTD.
ABN 52 618 179 061
AGPAL Accredited
QIC Accredited

**RENEWAL FORM FOR CONTINUATION OF MEMBERSHIP
(01 January 2019 to 31 December 2019)**

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: