



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

**MEMBERSHIP APPLICATION FORM**  
(01 January 2020 TO 31 December 2020)

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

**Once Membership has been endorsed you will be notified to come in and pay your Membership Fee of \$2.00.**