



Aboriginal Health & Medical Research Council
of New South Wales

Ordinary Membership Application

JUN 2011

LOCATION
Level 3
66 Wentworth Ave
Surry Hills NSW 2010

E-MAIL
ahmrc@ahmrc.org.au

WEBSITE
www.ahmrc.org.au

POSTAL ADDRESS
PO Box 1565
Strawberry Hills NSW 2012

PHONE
+61 2 9212 4777

FAX
+61 2 9212 7211

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:



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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)

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



Please tick AH&MRC Region:

- | | | |
|---|--|---|
| <input type="checkbox"/> 1 Far West | <input type="checkbox"/> 5 Far West | <input type="checkbox"/> 9 Riverina |
| <input type="checkbox"/> 2 North West | <input type="checkbox"/> 6 Central Coast | <input type="checkbox"/> 10 Illawarra |
| <input type="checkbox"/> 3 Central Tablelands | <input type="checkbox"/> 7 Central West | <input type="checkbox"/> 11 Murray River |
| <input type="checkbox"/> 4 Central West | <input type="checkbox"/> 8 Metropolitan | <input type="checkbox"/> 12 Far South Coast |

Name of Director:

Director's Signature:

7. Seconded by Nearest ACCHS Member Organisation

Name of ACCHS:

Name of Person:

Position:

Signature:

