



WELLINGTON ABORIGINAL CORPORATION HEALTH SERVICE

Application for membership

Membership Contact Information

Full Name					
Other Names					
Address					
Suburb		State		Post Code	
Date of Birth					
Phone Number					
Email Address					

Region of Membership being applied for

I am applying to be a member of the following region of membership. **Please note that you can only apply for membership for one of region.**

Wellington

Greater Western Sydney

Moree

Corporation use only

Application received	Date:
Application tabled at directors' meeting held on	Date:
Directors consider applicant is eligible for membership	Yes / No
Directors enter name, address and date on register of members	Date:
Directors have sent notification of directors' decision to the applicant	Date:

Initial _____

Membership Criteria

To be successful in your application for membership of Wellington Aboriginal Corporation Health Service, you are required to satisfy the membership criteria set out below.

If you are unable to meet the requirements below, your application will not be successful and returned as incomplete or requesting further information.

Tick (✓) once completed

1. Provide Membership Contact Information in the table above.										
2. Be 18 years of age, show one form of identification <ul style="list-style-type: none"> a. provide a copy of your birth certificate; or b. provide a copy of your drivers license; or c. provide alternative identification (see membership criteria appendix) 										
3. Be an Aboriginal and/or Torres Strait Islander person										
4. Provide evidence (eg drivers licence) that you are a permanent resident of one of the following areas: <ul style="list-style-type: none"> • For Wellington Members: in area with postcode 2820 or 2818 • For Moree Members: in area with postcode 2400, 2406 or 2409 • For Greater Western Sydney Members: in one of the following Local Government Areas: <table border="0" style="width: 100%; margin-left: 20px;"> <tr> <td style="width: 33%;"><input type="radio"/> Blacktown</td> <td style="width: 33%;"><input type="radio"/> Blue Mountains</td> <td style="width: 33%;"><input type="radio"/> Cumberland</td> </tr> <tr> <td><input type="radio"/> Fairfield</td> <td><input type="radio"/> Hawkesbury</td> <td><input type="radio"/> Hills Shire</td> </tr> <tr> <td><input type="radio"/> Parramatta</td> <td><input type="radio"/> Penrith</td> <td></td> </tr> </table> 	<input type="radio"/> Blacktown	<input type="radio"/> Blue Mountains	<input type="radio"/> Cumberland	<input type="radio"/> Fairfield	<input type="radio"/> Hawkesbury	<input type="radio"/> Hills Shire	<input type="radio"/> Parramatta	<input type="radio"/> Penrith		
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<input type="radio"/> Parramatta	<input type="radio"/> Penrith									
5. Declare you will abide by the Rule Book, Code of Conduct and act in the best interests of the Corporation.										
6. Provide reasons for wishing to become a member.										

Initial _____

Declaration

I, _____ (Full name of applicant), apply for membership of the Wellington Aboriginal Corporation Health Service.

I declare that I am eligible for membership and confirm that I:

- am over 18 years of age
- am an Aboriginal person
- will abide by the Rule Book, the Act and the Member Code of Conduct
- will act in the best interests of the Corporation
- am a permanent resident of one of the following areas:
 - For **Wellington Members**: in area with postcode 2820 or 2818
 - For **Moree Members**: in area with postcode 2400, 2406 or 2409
 - For **Greater Western Sydney Members**: in one of the following Local Government Areas:
 - Blacktown
 - Blue Mountains
 - Cumberland
 - Fairfield
 - Hawkesbury
 - Hills Shire
 - Parramatta
 - Penrith

The reason/s I wish to become a member of Wellington Aboriginal Corporation Health Service are:

Signature of Applicant: _____

Date: _____

Please send applications to:

Email: cherieb@wachs.net.au

Mail to: Cherie Bell, Wellington Aboriginal Corporation Health Service

30 Warne Street, PO Box 236, Wellington NSW 2820

In person: at your local Clinic in Wellington, Mt Druitt, Penrith, Katoomba or Moree.