FORM
MHSL MEMBERSHIP APPLICATION

NEW MEMBER DETAILS			
Name:			
Residential Address:			
Suburb:		**Postcode:**	
Email Address:		**Phone No:**	

ELIGIBILITY

Any person is eligible to become:

(a) a Full Member if the person:
- (i) is aged 18 years or over;
- (ii) is an Aboriginal and/or Torres Strait Islander person;
- (iii) is a resident in the Geographic Service Area;
- (iv) is not a contractor to the Company; and
- (v) the person agrees to assume the liability to pay the Members guarantee of $10.00 towards liquidation

(b) an Associate Member if the person:
- (i) is aged 18 years or over;
- (ii) is a resident in the Geographic Service Area;
- (iii) the person supports the Objects; and
- (iv) the person agrees to assume the liability to pay the Members guarantee of $10.00 towards liquidation

Applications for membership of the Company must be signed by the applicant and $2.00 membership fee is payable upon completing application form.

Please select one of the following to indicate your descent:	
☐ Aboriginal	☐ Torres Strait Islander
☐ Aboriginal and Torres Strait Islander	☐ Not Aboriginal or Torres Strait Islander

DECLARATION

I hereby apply for Membership of Mamu Health Service Limited and upon being accepted I agree to be bound by the Constitution of the Company and any resolutions of the Board

Signature of Applicant: _____ Date: _____/_____/_____

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OFFICE USE ONLY			
Date of BOD Meeting:	_____/_____/_____	**Board Decision:**	☐ Approved ☐ Not Approved
Receipt Number and Date:			
Membership Number:			

Please return your completed application form to:

Mamu Health Service Limited
23 Glady Street Innisfail Qld 4860
PO Box 1537 Innisfail Qld 4860
Phone: 07 4061 9988
Fax: 07 4061 5188
ABN: 68 011 074 347

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