

Aboriginal Health and Medical Research Council of New South Wales



Associate Membership Application

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 Associate 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.

Name of Organisation:.....

Act of Incorporation:Date of Incorporation:

Name:Name:.....

SignatureSignature:.....

Position.....Position:.....

Date:Date:.....

Aboriginal Health and Medical Research Council of New South Wales



Part B

Details of the Organisation

Name of Organisation:

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Address:

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Postal Address:

Telephone: **Fax:**

Chairperson's Name:..... **Phone:**.....

Officer in Charge:

Title or Position:

Management Committee or Board of Directors:

Names of Board Members

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Please enclose:

1. Copy of Certificate of Incorporation.
2. Copy of Organisation's Latest Registered Constitution

Part C

Brief Description of Service Provided or Intended Service
(Please attach additional pages if insufficient space available)

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Statement of Objectives and/or Intentions
(Please attach additional pages if insufficient space available)

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Nominated by AH&MRC Director for the Respective Region

Name of AH&MRC Region:.....

Name of Director:.....Signature:.....

Seconded by Nearest ACCHS Member Organisation

Name of ACCHS:.....

Name of Person:.....

Signature:..... Position:.....
