Membership eligibility Checklist

I _____confirm that:

☐ I am an Aboriginal and/or Torres Strait Islander Person

☐ I am 18 years of age or older

☐ My residential address has been in the Catchment Area (being Port Lincoln) for at least 12 months prior to me making this application.

☐ I am not currently an employee of the Company, and have not been for at least two years.

☐ I have not (either myself, or through a company) provided goods or services to the Company valued at $5,000 or more in the past 12 months;

☐ I have not ceased to be employed by the Company in the past 5 years due to poor performance or disciplinary action, and did not resign whilst under an investigation or a performance management process.

I acknowledge that the Company may ask me to provide evidence of the above matters.

_____ _____

Signed Dated

Membership Application Form

Full Name: _____

Address: _____

E-mail (optional) :_____

I write to apply for membership of Port Lincoln Aboriginal Health Service Limited ACN 665 444 897 (**Company**).

I confirm that:

1. I meet the membership criteria listed in the Company's Constitution (and shown below this application)

2. I have read the constitution of the Company and agree to be bound by its terms if I am approved to become a member of the Company;

3. I understand that if the Company is wound up, I must contribute up to $10.00 for the debts and liabilities of the Company while I am a member, or within 12 months after I cease to be a member.

I prefer to receive correspondence by (tick one or both. If neither is ticked, notices will be sent to the postal address provided):

☐ Post ☐ E-mail

_____ _____

Signed Dated