



ILLAWARRA ABORIGINAL
MEDICAL SERVICE

150 Church St,
Wollongong NSW 2500
Phone: (02) 4229 9495
Dental: (02) 4229 9755
Fax: (02) 4262 8788
Opening Hours: 9am – 5pm,
Monday to Friday

Application For Membership

(Aboriginal and Torres Strait Islander Corporation)

Name:

Other names you may be known by (e.g. Maiden name or Your Family's name)

Date of Birth: / /

Address: **Suburb:** **Postcode:**

Contact

Home: **Mobile:**

Work: **Email:**

Please be advised: The Corporation is required to set up and maintain a register of members under section 180-1 of the CATSI Act. The register must include the address of each member (section 180-5 of the CATSI Act).

The register must be open for inspection by any person (section 180-20 (2)).

This means that your name and address can be provided to any person who requests this information. If you do not wish to have this information kept on a public document can you please advise us ASAP, we will then be required to remove your name from membership.

I, confirm that I am an adult Aboriginal/Torres Strait Islander person who normally and permanently resides in the Illawarra Area (defined as being from Helensburgh in the North to Gerroa in the South and West to the escarpment) and that I wish to become a member of the Illawarra Aboriginal Medical Service (Aboriginal and Torres Strait Islander Corporation).

I agree to abide by the Rules of the Corporation. An annual fee of \$2.00 as set out by the Rules enables me to be a Financial Member of the Corporation. This is due every year and payable by 30 June.

Dated this day of 20



ILLAWARRA ABORIGINAL
MEDICAL SERVICE

150 Church St,
Wollongong NSW 2500
Phone: (02) 4229 9495
Dental: (02) 4229 9755
Fax: (02) 4262 8788
Opening Hours: 9am – 5pm,
Monday to Friday

To assist the IAMS Board with the processing of your application, please attach a copy of your Confirmation of Aboriginality or nominate a current member of the IAMS (who is not a staff member) or an Aboriginal person from another Aboriginal Organisation to verify your claim for membership. **You will need to have AT LEAST TWO of the following forms of identification.**

1. Confirmation of Aboriginality attached: **Please circle** Yes No

2. Name of Current IAMS Member (who is not a staff member) who can verify your application for membership:

Name:

Address: Suburb: Postcode:

Signature:

3. Name of Aboriginal organisation:

Address or location of organisation:

Name of contact person from this organisation:

Telephone Number for contact person:

(This person will be contacted to verify your application for membership)

Please be advised that your application will not be accepted if it is not filled out correctly.

Office Use Only:

Name:

Correct Identification Supplied

Passed at meeting (date) / / Not passed at meeting

Notified Date / / Receipt No.