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COOMEALLA HEALTH ABORIGINAL CORPORATION

APPLICATION FOR CHAC MEMBERSHIP

I, _____
(full name of applicant)

Of _____
(address where you wish correspondence to be sent)

Hereby apply for membership of **COOMEALLA HEALTH ABORIGINAL CORPORATION**
I declare that I am meet the requirements and am eligible for membership.

A member must be:

- at least 18 years of age; and
- an Aboriginal or Torres Strait Islander person normally and permanently resident in the Sunraysia district or all such other locations as the directors shall from time to time determine.

Signed: _____ Date: _____

OFFICE USE ONLY

APPROVED:

Moved: _____

Seconded: _____

Board Meeting date: _____ Signed: _____

(Chairperson)

Added to Members Register: Yes – dated recorded _____

A person stops being a member if:

- they resign in writing;
- they die;
- their membership is cancelled.

The person's name and date they stopped being a member is put on the register of former members.