Albury Wodonga
Aboriginal Health Service

AWAHS MEMBERSHIP APPLICATION FORM

General Membership and Associate Membership

Albury Wodonga Aboriginal Health Service Ltd

Use this form to apply for membership under the AWAHS Constitution. The applicant must be 18 years or over, support the objects of the company, live within the AWAHS boundaries, and be nominated by two current general members. Different evidence is required depending on whether the person applies for General or Associate membership.

Before lodging this form

☐ Complete all applicant details and select the membership class being applied for.

☐ Attach Confirmation of Aboriginality and/or Statutory Declaration if applying for General Membership.

☐ Attach a short statement explaining how the applicant meets current Associate Membership criteria if applying for Associate Membership.

☐ Ensure two current general members have completed the nomination section.

☐ Sign the declaration, including the membership register acknowledgement.

1. Membership class

☐ General Membership: applicant is 18 or over, is of Aboriginal and/or Torres Strait Islander descent, has Confirmation of Aboriginality and/or Statutory Declaration, resides within the AWAHS boundaries, and is nominated and approved for membership.

☐ Associate Membership: applicant is 18 or over, meets the current Associate Membership criteria determined by the Directors, resides within the AWAHS boundaries, and is nominated and approved for membership.

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2. Applicant details

Full legal name	
Preferred name, if different	
Date of birth	____ / ____ / _____
Residential address	
Postal address, if different	
Phone	
Email	
Alternative address for service of notices, if any	

3. Eligibility checklist

Eligibility item	Applicant confirmation
I am 18 years of age or older.	☐ Yes
I support the objectives and purpose of Albury Wodonga Aboriginal Health Service Ltd.	☐ Yes
I reside within the AWAHS boundaries listed in Appendix 3 of the Constitution.	☐ Yes
I understand that membership is not effective until approved and entered on the register of members.	☐ Yes

4. Supporting documents

For General Membership	☐ Confirmation of Aboriginality attached ☐ Statutory Declaration attached, if relevant
For Associate Membership	☐ Statement attached explaining how the applicant meets current Associate Membership criteria
Other documents attached	

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5. Membership register acknowledgement and consent

The Constitution requires AWAHS to keep a register of members. Current members may access a copy the register for purposes relevant to member interests or rights. A member may request that information other than their name is not made available for inspection.

☐ I understand that my name, address, any nominated alternative address for notices, and the date I am entered on the register will be recorded on the AWAHS membership register if my application is approved.

☐ I confirm I am happy for the information required to be kept on the AWAHS membership register to be made available to current members in accordance with the Constitution.

☐ I understand that information accessed from the register must only be used in a manner relevant to the interests or rights of members.

☐ If you do not want information other than your name made available for inspection, tick here and specify what information is to be withheld: ☐

Information I request not be made available for inspection, other than my name	

6. Applicant declaration

I apply to become a member of Albury Wodonga Aboriginal Health Service Ltd. If approved, I agree to comply with the AWAHS Constitution, including payment of the guarantee if required, and to pay the membership application fee and annual membership fee as determined by the Board within the limits set by the Constitution.

Applicant signature: _____	Date: ____ / ____ / _____

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Nomination by two current general members

Each applicant must be nominated by two current general members of Albury Wodonga Aboriginal Health Service Ltd.

First nominator

Full name of current general member	
Address	
Phone / email	

I nominate the applicant named in this form for membership of Albury Wodonga Aboriginal Health Service Ltd.

Nominator signature: _____	Date: ____ / ____ / _____

Second nominator

Full name of current general member	
Address	
Phone / email	

I nominate the applicant named in this form for membership of Albury Wodonga Aboriginal Health Service Ltd.

Nominator signature: _____	Date: ____ / ____ / _____

8. Office use only: Board / Secretary processing

Date received by Secretary	____ / ____ / _____
Application class	☐ General Membership ☐ Associate Membership
Application presented to Board on	____ / ____ / _____
Moved	
Seconded	
Board decision	☐ Approved ☐ Not approved
If General Membership: Confirmation of Aboriginality and/or Statutory Declaration sighted	☐ Yes ☐ No ☐ Not applicable

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If Associate Membership: statement addressing current Associate Membership criteria sighted	☐ Yes ☐ No ☐ Not applicable
Date applicant advised in writing	____ / ____ / _____
Date entered on membership register	____ / ____ / _____
Membership application fee received	☐ Yes Amount: $_____ Date: ____ / ____ / _____
Annual membership fee received	☐ Yes Amount: $_____ Date: ____ / ____ / _____
Receipt number	
Processed by	

Note: under the Constitution, the membership application fee and annual membership fee must each be no more than $10, or another amount determined by the Directors from time to time within that limit. The existing appendix wording refers to a $2.00 fee.

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Appendix: Membership requirements from the AWAHS Constitution

General Membership	18 years or over; Aboriginal or Torres Strait Islander descent with Confirmation of Aboriginality and/or Statutory Declaration; resides within AWAHS boundaries; nominated and approved under clause 12.
Associate Membership	18 years or over; meets Associate Membership criteria determined by Directors; resides within AWAHS boundaries; nominated and approved under clause 12.
Application requirements	Applicant writes to the Secretary stating they want to become a member, support the purpose of the company, and agree to comply with the Constitution including payment of the guarantee if required.
Nominations	Application must be supported by nominations from two general members.
Membership register	Register must include member name, address, any alternative address nominated for service of notices, and date entered on the register. Current members can access and copy the register. Information accessed must only be used in a manner relevant to interests or rights of members. Members may request that information other than their name not be available for inspection.
When membership starts	Membership starts when the applicant is entered on the register of members.
Fees	Application fee due within 28 days of approval notice. Annual membership fee is payable before 1 July each calendar year, with timing adjusted for people becoming members on or after 1 July.

AWAHS boundary areas

Albury City, Hume, Culcairn, Holbrook, Tumbarumba, Corowa and Berrigan local government areas or cities within New South Wales, and Wodonga, Indigo, Towong, Wangaratta, Delatite, Moira and Alpine shires and regional cities within Victoria. For Moira Shire, the Constitution note limits this to border collaboration with Aboriginal communities immediately opposite NSW towns adjacent to the Murray River that are not serviced by Rumbalara AMS in Shepparton.

Source note for internal use

This redesigned form is based on clauses 10 to 15 and Appendices 1 to 3 of the AWAHS Constitution dated 05-09-2018, and the previous membership application form supplied for redesign. This is a governance form, not legal advice.

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