



WINNUNGA NIMMITYJAH
ABORIGINAL HEALTH AND COMMUNITY SERVICES LTD.
ABN 52 618 179 061
AGPAL Accredited
QIC Accredited

MEMBERSHIP APPLICATION FORM

(01 January 2026 TO 31 December 2026)

NAME: _____

ADDRESS: _____

POSTCODE: _____

PHONE: _____ (H) _____ (W)

SIGNATURE: _____

DATE: _____

NOMINATED BY: _____

Signature: _____

SECONDED BY: _____

Signature: _____

AMOUNT: \$2.00 membership fee due and payable before voting at next AGM

Date paid: _____ Receipt Number: _____

BOARD RATIFICATION

Date: _____ Signature: _____ Yes ☐ No ☐

Once Membership has been endorsed you will be notified to come in and pay your Membership Fee of \$2.00.