



WINNUNGA NIMMITYJAH

ABORIGINAL HEALTH AND COMMUNITY SERVICES LTD.

ABN 52 618 179 061

AGPAL Accredited

QIC Accredited

**RENEWAL FORM FOR CONTINUATION OF MEMBERSHIP
(01 January 2026 to 31 December 2026)**

NAME: _____

ADDRESS: _____

_____ POSTCODE: _____

PHONE: _____ (H) _____ (W)

E-Mail _____

SIGNED: _____

DATE: _____

Amount: **\$2.00 membership fee due and payable before voting at the AGM.**

Date paid:

Receipt Number: