



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 2024 to 31 December 2024)

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: