**Membership Information and the Objects**

**of the Association**

**Membership Types:**

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## Full membership of the Company is open to:

#### people of the Ngarrindjeri nation; or

#### descendants in Aboriginal land right claims where the claim falls, partly or wholly, within the Catchment area; or

#### current residents who have been resident in the Hills, Mallee, Southern Fleurieu or Kangaroo Island region, South Australia for at least 3 months at the time of lodging a membership application,

who:

#### are of Aboriginal descent;

#### subscribe to the objects of the Company;

#### are aged 18 years or over at the time of lodging a membership application;

#### are accepted as Members by the Board.

## Full membership is not open to:

#### individuals who are currently employed by the Company; or

#### individuals who have been employed by the Company in the 12 month period preceding their application for membership.

## Associate membership of the Company is open to individuals who would be eligible for full membership but are either:

#### employees of the Company;

#### aged 16 years or over but not yet 18 years at the time of lodging a membership application;

#### do not reside in the region; and/or

#### have ceased to reside in the region for more than 12 months.

## Membership of any kind is not open to individuals whose employment with the Company ended as a result of work performance issues or disciplinary action (including those who resigned as a result of such issues or action) within the 2 years preceding the date of their membership application.

**Objects of the Association:**

**The Objects of the Company are:**

* to provide a diverse range of services and programs dedicated to improving the health and wellbeing of Aboriginal people living principally in our identified Catchment Area including the Hills, Mallee, Southern Fleurieu and Kangaroo Island;
* to work cooperatively with other Aboriginal organisations, allied health services, state and federal departments and health and wellbeing service providers, to respond to and assist with delivering services to traditional, rural and urban Aboriginal people as their circumstances warrant;
* to reduce the incidence of premature death and chronic disease amongst the Aboriginal community within our identified Catchment area through promotion and delivery of our preventative care model;
* to promote healthy lifestyle choices amongst Aboriginal people and the broader Aboriginal Community within our identified Catchment area who utilise our health and wellbeing services;
* to advocate for dedicated and culturally appropriate health and wellbeing service responses to the Aboriginal community of the region from mainstream services; and
* to undertake or to do other things or activities that are necessary, incidental or conducive to the advancement of these objects.

**Application for Membership**

* + - Individuals applying for Full or Associate membership of the Company must do so in writing on the prescribed form providing evidence, where required by the Board, acting reasonably, that they are eligible for membership under the Constitution.
		- **Applications for Membership:**
1. must be considered and endorsed by the Board and recorded in the minutes of the meeting before an individual will be deemed to be a member.
2. received after a general meeting has been called may only be approved by the Board after that general meeting has been held.
3. will not be considered from the floor during a general meeting.
	* + **The Board:**
4. retains the discretionary right to not accept any application for membership.
5. has the ability to accept an application for membership in special circumstances.
6. retains the right to apply a membership fee and to alter that fee, at any time
	* + All applicants for membership will receive written advice on the outcome of the application.
		+ An applicant who has had their membership application rejected by the Board under this clause may, by written notice (***Review Notice***) to the Secretary within seven days of the rejected application, request a review of the decision by the Members of the Company.
		+ **Upon Receipt of a Review Notice:**

#### the Secretary will accept written submissions made by the applicant as to why they should become a Member, which are to be forwarded to the Secretary within seven days of the Review Notice being received;

#### the Board may, within 18 days of receiving written submissions reverse its decision;

#### if the Board has not reversed its decision the Company must call a meeting of the Members to consider the rejected application within 21 days of the Board affirming its decision;

#### the Members, at their discretion, may provide the applicant with an opportunity to be heard at the meeting of Members, in addition to any written submissions put forward by the applicant;

#### the Members must consider the review requisition in absence of the applicant.

* + - The Members may, by resolution, following a review allow the applicant to become a member.

**Application for Membership Form**

I wish to apply for membership of the Moorundi Aboriginal Community Controlled Health Service Ltd.

I certify that:

I am 18 years of age or over;

I am of Aboriginal & Torres Strait Islander descent;

I meet the conditions of the membership requirements attached;

*FULL NAME:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*DOB: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_*

*ADDRESS:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 *POSTCODE*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*CONTACT: ph.*  *HOME:*  *MOBILE:* \_\_\_\_\_\_\_\_\_\_\_\_

 *EMAIL:* \_ \_\_\_\_\_\_

**I AGREE TO BE BECOME A MEMBER OF THE COMPANY AND TO BE BOUND BY THE COMPANY’S CONSTITUITON.**

*SIGNATURE:*

 *DATE:* / /

*WITNESSED BY:*

*SIGNATURE:*

 *DATE:* / /

**Office Use Only**

Date Received: \_\_\_\_/\_\_\_/ Date considered by Board \_\_\_\_/\_\_\_\_/20\_\_\_\_

Approved / Rejected ***Circle as required*** Membership Register No: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notification Sent \_\_\_\_\_/\_\_\_\_/20\_\_\_\_\_

Secretary / Membership Officer