



DERBARL YERRIGAN HEALTH SERVICE INC.

APPLICATION FOR RENEWAL OF MEMBERSHIP

Your membership fee of **\$3.00 for one year** (1st July 2014 to 30th June 2015) or **\$5.00 for two years** (1st July 2014 to 30th June 2016) is required to be paid with this renewal form to ensure that your membership of Derbarl Yerrigan remains valid.

Please note that as your membership expired on or prior to the 30th June 2014, payment of your membership fee must be made to the Finance section at East Perth as soon as possible.

DETAILS OF PERSON WISHING TO RENEW THEIR MEMBERSHIP

NAME: _____

ADDRESS: _____

TELEPHONE: _____

Aboriginal Or Torres Strait Islander YES / NO

CLAUSE 42 requires that a register of names and postal or residential addresses of members and associate members of Derbarl Yerrigan Health Service Inc. be kept at the registered of Derbarl Yerrigan Health Service Inc. in East Perth.

All members must abide by the rules and regulations of Derbarl Yerrigan Health Service Inc. constitution.

Receipt Number: _____