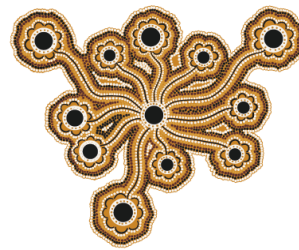


# Application for Membership Form

(Schedule 1 – Rule Book 21/8/2015)



**PIKA WIYA**  
HEALTH SERVICE

ICN 7355 All mail to: PO Box 2012 Port Augusta SA 5700

<b>Surname</b>	
<b>First name / middle name</b>	
<b>Residential address</b>	
<b>How long have you lived at this address or other addresses in the PWHSAC catchment area</b> (Port Augusta, Roxby Downs, Quorn, Hawker, Leigh Creek, Copley Marree, Nepabunna, and Iga Warta)	
<b>Telephone contact number</b>	
<b>Postal address</b> (if different from residential)	
<b>Date of Birth</b> (DD/MM/YY)	
<b>Place of Birth</b>	
<b>Next of Kin information</b>	Name: Address: Telephone:

**Declaration:**

I, ..... (the abovenamed applicant for membership of Pika Wiya Health Service Aboriginal Corporation) confirm that the information provided is true and correct:

<b>Signature</b>	<b>Date</b>

**Witnessed by:**

<b>Name and address</b>	<b>Signature</b>	<b>Date</b>
Name: Address: Telephone:		

**Office Use Only:**

<b>Date application received by PWHSAC</b>	
<b>Date considered by Directors</b>	
<b>Date entered into register of members (ORIC)</b>	
<b>Common Seal affixed by Chairperson</b>	

**Administration**  
40 Dartmouth St  
Pt Augusta SA  
Ph: 08 8642 9904  
Fax: 08 8642 6621

**Community Health Centre**  
40 Dartmouth St  
Pt Augusta SA  
Ph: 08 8642 9999  
Fax: 08 8642 4456

**Davenport Health Clinic**  
Simmons St  
Pt Augusta SA  
Ph: 08 8642 2556  
Fax: 08 8641 0258

**Nepabunna Health Clinic.**  
Nepabunna Via Copley SA  
Ph: 08 8648 3726  
Fax: 08 8648 3727

**Copley Health Clinic**  
Copley SA  
Ph: 08 8675 2866  
Fax: 08 8675 2308

**Home & Community Care—**  
Whyalla Program  
Shop 37, McRitchie Crs  
Whyalla Stuart SA  
Ph/Fax: 08 8649 3471