

## Step 3

Put in an envelope and post to DDHS, GPO Box 2125, Darwin NT 0801, or take to: Level, 2 28 Knuckey St, Darwin NT 0800 or send via email to [info@ddhs.org.au](mailto:info@ddhs.org.au)

## Contact Us

**Phone: 8942 5400**

**Email:** [info@ddhs.org.au](mailto:info@ddhs.org.au)

**Website:** [www.ddhs.org.au](http://www.ddhs.org.au)

Or visit one of our clinics below:

### Darwin Clinic

32—34 Knuckey St  
Darwin NT 0800

### Palmerston Clinic

Unit 1/7 Rolyat St  
Palmerston NT 0800

### Men's Clinic

9 Keith Lane  
Fannie Bay NT 0820

### Bagot Clinic

133 Bagot Rd Ludmilla  
Bagot Community  
Darwin NT 0820

### Rapid Creek Clinic

Shop 35, 48  
Trower Rd  
Millner NT 0810

### Humpty Doo Clinic

3 Skewes St  
Humpty Doo NT 0836

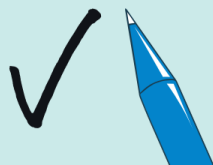
### Malak Clinic

Shop 3, 1 Malak  
Place, Malak NT 0812

## Applying for Membership

Applying for membership - easy as 1,2,3

- 1 Fill out the form on the inside of this brochure.



- 2 Get two existing members to sign the form.



- 3 Put in an envelope, take or send to via post or email:

- 28 Knuckey St  
Darwin NT 0800
- GPO Box 2125  
Darwin NT 0801
- [info@ddhs.org.au](mailto:info@ddhs.org.au)



**Danila Dilba**<sup>®</sup>  
Health Service

# Membership Form

## Join your health service!



## What We Do ...

Danila Dilba Biluru Butji Binnilutum Health Service Limited (DDHS) is an Aboriginal community-controlled organisation providing culturally appropriate, comprehensive primary health care and community services to Biluru (Aboriginal and Torres Strait Islander) people in the Yilli Reung (greater Darwin) Region of the Northern Territory (NT).

The DDHS vision is for Biluru peoples in the Yilli Reung Region to experience health, wellbeing and quality of life outcomes that are equal to, or greater than that of non-Indigenous Australians.

Our purpose is to improve the physical, mental, cultural and social wellbeing of the Biluru people through innovative, culturally-safe and effective comprehensive primary health care programs and services that are based on the values of respect, trust, honesty and integrity, fairness, transparency, accountability high professional standards, ethics and quality.

## Our Board...

The DDHS Board of Directors is elected by our members. Any Biluru resident of the Yilli Reung Region over the age of 18 can apply for membership.

The Board of Directors has eight directors; six who are elected for three-year terms and two Independent Directors appointed by the Board. The Board positions are a Chair, deputy Chair, a Larrakia Director, two Independent Directors, and three further Directors.

## Step 1

Constitution of Danila Dilba Biluru Butji  
Binnilutum Health Service Limited

### Schedule 2 - Membership Application

First name of applicant

Last name of applicant

Residential address of applicant

Applicant date of birth

Applicant phone

Applicant email

I hereby apply for membership of Danila Dilba Biluru Butji Binnilutum Health Service Limited. I declare that I am eligible for membership under rule 3.4 of the Constitution and am willing to be bound by the Constitution. I acknowledge and understand that I will become liable to pay the Guarantee of \$1.00 to the Company if the Company is wound up.

By providing an email address in this membership form, I agree to receive all member communication from Danila Dilba electronically (including any notices of meetings). I agree that I will notify Danila Dilba if I would instead prefer to receive communication in hard copy.

*The information provided above will be stored by Danila Dilba in accordance with the Privacy Act 1988 (Cth) and will be used to provide you with member services.*

Are you a Danila Dilba client? (Please circle) Yes / No

Do you consent to Danila Dilba updating your member contact information from your client record? (Please circle) Yes / No

Applicant Signature

Date

## Step 2

This application from must be signed and endorsed by two existing members of the company that have been members of the company for more than three (3) months. Those endorsing the applicant must know the applicant personally.

### Endorsing Member 1

Name

Signature

Date

Are you a Danila Dilba member? (Please circle) Yes / No

### Endorsing Member 2

Name

Signature

Date

Are you a Danila Dilba member? (Please circle) Yes / No