

APPLICATION FOR MEMBERSHIP

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To: Board of Directors
Ballarat Community Health
("the Company")

(a company limited by guarantee)

Reply Paid 1156, BAKERY HILL VIC 3354.

From:

Prefix:	
Surname	
Given Names	
Residential Address	
Postal Address (if different from above)	
Date of Birth	
Home Telephone Number	
Mobile Number	
Email Address	

(1) I hereby apply for membership of the Company and:

- agree to pay the Guarantee Amount set out in the Constitution as and when required by the Constitution or at law; and
- agree to be bound by the Company's Constitution.

(2) I elect to: (please tick one of the options below)

be a Voting Member, and pay the annual membership fee of \$10.

OR

become an Associate Member (nil payment).

Signed:	
Date:	

Please return this form (with payment if applicable) to:

OFFICE USE ONLY

Ballarat Community Health
Reply Paid 1156
BAKERY HILL VIC 3354

(no stamp required if mailing)

Date Processed:
Membership Number:
Existing or New Member:
Acknowledgment Letter Mail Date: