



APPLICATION FOR MEMBERSHIP

I would like to become a member of the Ballarat Community Health Centre Inc.

Please select **one** of these membership levels -

AND

Please select **one** of these membership types -

Full Membership -
I certify that I am over 18 years of age.

I am a client, or a carer of a client of this Centre.

Associate/Junior Membership -
I certify that I am under 18 years of age.

I am enrolled as a student in the area served by this centre.

I live or work in the area served by this centre.

I am representing an organisation/agency/
government department.

Title: _____

Male

Female

Name: _____

Organisation: _____
(if applicable)

Address: _____

Postcode: _____

Year of Birth: _____ Preferred contact number: _____

Email: _____

I would prefer to receive the following by email:

Members' Newsletters

All correspondence / advices

Specific area of interest of health issues in Ballarat _____

Signed: _____
Applicant

Date: _____

Signed: _____
For BCHC

Date: _____

Please return this form to: (No stamp required)

Ballarat Community Health Centre
Reply Paid 1156
BAKERY HILL VIC 3354

OFFICE USE ONLY

Date entered:
Member #:.....

Consistent with Victorian Government policy and legislation, Ballarat Community Health Centre endorses fair information handling practices and uses of information in compliance with its obligations under the **Information Privacy Act 2000 (Vic)** and the **Health Records Act 2001 (Vic)**. Any information provided, including identification of individuals, will be used only for the purpose/s intended and where the intention includes confidentiality, information will be treated as such unless otherwise required by law.

Ballarat Community Health Centre only utilises your personal information to maintain an up-to-date Members Register as required by its Statement of Purpose & Rules, and does not provide this information to any individual or organisation outside of its employ.