



## APPLICATION FOR MEMBERSHIP

For the period of 2011- 2012

**NB that all memberships must be renewed before June 30<sup>th</sup> in any year in order to be eligible to stand for the Board of Directors and to vote for the Community Elected Directors**

I hereby apply for membership of North Yarra Community Health and consent to such membership and agree to the Constitution and to the requirement to guarantee North Yarra Community Health to the extent set out in the Constitution.

I confirm that I am over 18 years of age.

And I:

- Live, work or am enrolled as a student at an educational institution in the electoral catchment of North Yarra Community Health; or
- Volunteer with the Service;
- Am a client of the Service; or
- Am a .....(specify relationship)

Please insert details:

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb and postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred address for sending notices of meetings (Please tick)

- Home                       Email address

Signature of Applicant \_\_\_\_\_

Date: / /

### Office Use Only

Date of receipt:  
Considered by Board:  
Decision of Board:  
Entry in Register: