



APPLICATION FOR MEMBERSHIP

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

I confirm that I am over 18 years of age.

And I:

- am a client, or carer for a client; or
- provide unpaid voluntary services for Sunraysia Community Health Services Limited; or
- live, work or am enrolled as a student at an educational service in the local community; or
- have a previous connection with Sunraysia Community Health Services

(please specify:.....)

I am an existing member of Sunraysia Community Health Services and wish to transfer to the new company.

OR (*cross out which ever is not applicable*)

I am applying as a new member of Sunraysia Community Health Services Limited.

First Name			
Last Name			
Street Address			
Suburb			Post Code
Telephone	Home:	Mobile:	Work:
Email			

Please circle your preferred form of communication: Mail Email

Signature _____ **Date** ___/___/___
Applicant

Membership entitles you to:

- Nominate to become a Board Director
- Attend Members' meetings
- Vote in Board elections
- Receive a copy of our Annual Report and Community Newsletters
- Receive updates about activities, new services and special events at Sunraysia Community Health Services

Please send completed form to:

Executive Support Officer
Sunraysia Community Health Services
PO Box 2803, Mildura Vic 3502

Fax: 5021 7650 **Email:** schs@schs.com.au

Telephone queries can be directed to 5021 7608

OFFICE USE ONLY:

Date Received: ___/___/___ **Signature for the Service:**