

Member Application Form



ABN 70 136 370 422 1

I hereby apply for membership of Connect Health and Community:

Applicants Details			
Full Name			
Address:			
Suburb		Post Code	
Telephone:		Mobile	
Email			

I confirm that I am over 18 years of age; and either

<input type="checkbox"/>	Reside in the in the City of Bayside and/or City of Glen Eira
<input type="checkbox"/>	Work in t the in the City of Bayside and/or City of Glen Eira
<input type="checkbox"/>	Study the in the City of Bayside and/or City of Glen Eira:

Or I am;

<input type="checkbox"/>	An Existing Client
<input type="checkbox"/>	An Existing Carer of a client
<input type="checkbox"/>	A Volunteer at Connect Health and Community

An annual membership fee of \$2.00 is required.

Payment Methods		
EFT	BSB: 083 170 Account No: 173 890 048	Include in reference Line: <i>Membership – (Your Name)</i>
Cheque Payable to:	Connect Health and Community	
In person at a Connect Health and Community office	Head Office: 2A Gardeners Road Bentleigh East	Other: Level 1, 347 Bay Road Cheltenham

Connect health & Community seeks the contribution of its members in supporting our endeavours. Are you interested in assisting? (tick whichever is applicable)

Volunteering opportunities:

Yes

No

Consumer representative:

to help in planning, developing and review of our services and programs

Yes

No

Signed:

Date:

Internal use only

Date Received	Fee Paid	Acknowledgement sent	Membership List updated

Our Values: Respect Responsiveness Accountability Collaboration

PO Box 30 Bentleigh East VIC 3165 Telephone 9575 5333 Email info@connecthealth.org.au

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