



# APPLICATION FOR MEMBERSHIP

I apply for membership of **Bass Coast Community Health Service Limited** and consent to such membership and agree to the Constitution and to the requirement to guarantee Bass Coast Community Health Service Limited 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 southern area of Gippsland or
- Volunteer with the Service;
- I am currently employed by Bass Coast Community Health Service
- Am a client of the Service; or
- Am a .....(specify relationship)

**AND**

- I am an existing member of Bass Coast Community Health Service Inc and wish to transfer to the new company.

**OR** (tick the box above or below whichever is applicable)

- I am applying as a new member of Bass Coast Community Health Service Limited

<b><i>First Name</i></b>			
<b><i>Last Name</i></b>			
<b><i>Street Address</i></b>			
<b><i>Suburb</i></b>	<b>Post Code</b>		
<b><i>Telephone</i></b>	<b>Home:</b>	<b>Mobile:</b>	<b>Work:</b>
<b><i>Email</i></b>			

**Signature** \_\_\_\_\_ **Date** \_\_/\_\_/\_\_

Membership entitles you to:

- Nominate to become a Board Director (this does not apply to staff members)
- Attend members meetings
- Vote in elections of Directors of the Board
- Receive updates about activities, new services and special events at Bass Coast Community Health

**Please completed and signed form to BCCHS, 1 Back Beach Road San Remo Vic 3925**

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**Office Use Only:** Date of receipt: \_\_\_\_\_ Entry in Register: \_\_\_\_\_

Considered by Board: \_\_\_\_\_ Decision of Board: \_\_\_\_\_