

Title of form: Membership application

Personal details

Date of birth	<input type="text"/>	Title	<input type="text"/>	Gender	<input type="text"/>
Surname	<input type="text"/>	First name	<input type="text"/>	Preferred name	<input type="text"/>

If registering as a Corporate member, please complete the following:

Company name	<input type="text"/>	ABN	<input type="text"/>
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Residential/business address:

Address	<input type="text"/>				
State	<input type="text"/>	Postcode	<input type="text"/>	Email	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>		

Mailing address:

As above

Address	<input type="text"/>			
State	<input type="text"/>	Postcode	<input type="text"/>	

Do you identify as Aboriginal or Torres Strait Islander?

No Aboriginal Torres Strait Islander

Country of birth

Is English your preferred language for communication with Merri Health? Yes No

If no, what language would you prefer for communication?

Membership type sought:

Corporate
 Individual

Current affiliation with Merri Health:

Employee Volunteer Consumer Community member
Other

Reason for membership:

Actively support my local community service Interested in staying up-to-date of local health initiatives
 Encouraged by family/friends Voting rights

Other

Are you interested in being contacted to participate in community engagement /focus groups?

Yes No

Preferred method/s of communication:

Tick all that apply

Email Phone SMS Mail

Preferred times to attend membership events:

Tick all that apply

Anytime Weekdays AM Weekdays PM Evenings after 5pm Weekends

What topics of interest and/or types of events would you be interested in participating in?

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Declaration

I confirm I am aged eighteen (18) years or more and consent to my application being tabled at the next Board of Directors meeting at Merri Health for the purpose of review and determination of membership status.

I have read through and agree to comply with the Constitution and the Member Policy & Procedures. I accept the membership liability and the requirement to guarantee Merri Community Health Services Limited trading as Merri Health to the extent set out in the Constitution.

I declare the information I have provided on this form is true and correct and have provided full disclosure of all information required by Merri Health, I understand that if found to have knowingly provided false information my membership status would be reviewed to the extent it may be terminated.

Signature		Date			
Witness name		Witness signature		Date	

Please send completed form to the Company Secretary by email info@merrihealth.org.au or alternatively mail a hard-copy form to the below address.

Merri Health
Attention: Company Secretary
Level 1, 110 Chifley Drive
PRESTON. VIC 3072

Office use only

Date of receipt		Received by	
Tabled to BOD		Decision by BOD	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved
Entered onto register		By (staff)	
Acknowledgement/ Welcome letter sent:		Date sent	