

Financial Membership to Bellarine Community Health Ltd is open to any adult who uses the Community Health Service, lives, works or studies in the area served by the Community Health Service.

I Mr / Mrs / Miss / Ms / Dr / Prof / other _____

*Given names: _____

*Surname: _____

*Former names (maiden /alias): _____

*of (Residential Address): _____

Postal Address (if different from above): _____

*Town: _____ *Postcode: _____

Telephone: (home) _____ (mobile) _____

Email: _____

*Date of Birth: _____

*Place of birth (town & country): _____

As a Financial Member I agree to pay an annual membership fee of \$10 and guarantee that amount in the event of the winding up of the organisation. My \$10 fee is included with this application, or has been paid directly to the bank account nominated below.

I certify that I am a person over 18 years of age, who lives or works in the area served by the Service, or is a client of the Service.

*Signature of Applicant: _____

Date: _____

NB: *Mandatory fields must be completed in line with the BCH Constitution, Corporations Act 2001 and ASIC regulations

Please return completed form to:

Chief of Staff

Bellarine Community Health

PO Box 26, Point Lonsdale 3225

Alternatively, drop into your nearest BCH office in an envelope addressed to Kate Hughes or by email: Kate.Hughes@bch.org.au

Payment Accepted by: EFT, CASH, CHEQUE, CREDIT CARD

To pay by EFT:

National Australia Bank

BSB 083-825

Account No. 51-713-8432

Please put your name and FM in the reference eg: "J.Smith FM"

Payment may also be made by telephone. Please ring 1800 007 224

Office Use Only:

Date received: _____ Date approved _____

Payment received (for Financial Membership): Yes No

Received by: _____