# Membership Application Form

Application for membership made is in accordance with Section 4.3 of the Bellarine Community Health Constitution v8 2026: https://bch.org.au/about/our-constitution/

*Given name(s): _____

*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: _____

*BCH Member Discount*
*Current BCH members who are eligible for a Low Fee or Medium Fee service contribution will receive a 50% discount on the applicable published co-contribution fee. The discount applies only to BCH-delivered services and excludes private/high fee services, third-party charges and other excluded services. BCH reserves the right to implement and amend an annual cap on member discount benefits to support equitable access and the ongoing financial sustainability of services. Membership discounts are applied at BCH's discretion and may be varied or withdrawn at any time.*

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

*Please return completed form to:*
*Executive Assistant*
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 call 1800 007 224**

*Office Use Only:*

Date received: _____ Date approved _____ Payment received (for Financial Membership): ☐ Yes ☐ No