



Application for Membership

**Please note: to make this application valid, you must sign this form.
This form can only be used for one person or company.**

Please note that the Board of Directors must approve your application for membership.

Title (Mr, Ms, Mrs, Dr etc)	
Christian Names	
Surname	
Postal Address	
Home Address (if different from postal)	
Home Phone	
Mobile Phone	
Email Address	

MEMBERSHIP CATEGORY

The Board of Directors has determined that Members of the Victorian and Australian Parliament, Local Government Councilors and Staff of any Community Health Service may be admitted as Associate Members.

Please tick this box if you are in any one of these categories.

If you have ticked the lefthand box, please state your category.

Please share with us your current involvement in your local community. You are welcome to mention any activity.
