



Merri Community Health Services

ABN 24550946840

Membership Application Form

I wish to apply for membership to Merri Community Health Services Limited (formerly known as Moreland Community Health Service Incorporated) upon its registration and agree to be bound by the terms of its constitution ("**Constitution**").

I understand that my Membership is valid until I cease to become a member in accordance with Clause 4.6 of the Constitution. A copy of the Constitution can be viewed at www.mchs.org.au or at the Corporate Office of MCHS, 11 Glenlyon Road Brunswick.

I understand that it is free to become a member. I understand, however, that Merri Community Health Services Ltd will be a company limited by guarantee and I agree to contribute to the property of Merri Community Health Services Ltd if it is wound up an amount up to, but not exceeding, \$2.

First Name	
Surname	
Address	
Suburb	
Phone Number	

You have an option to receive communications from Merri Community Health Services Ltd by electronic methods rather than via post. If you wish to receive communication from us via email, please enter your email address below. If you do not complete this section, we will send you correspondence by post.

Email Address	
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Signature of Applicant: _____

Date: _____

<u>Post Application to:</u>	<i>Executive Manager, Merri Community Health Services 11 Glenlyon Road, Brunswick. 3056 Executive Manager 9387 5417</i>
<u>Fax to:-</u>	
<u>Email to:</u>	membership@mchs.org.au