

I wish to apply for membership to Merri Community Health Services Limited (formerly known as Moreland Community Health Service Incorporated) and agree to be bound by the terms of its Constitution (“**Constitution**”) and any other rules, by-laws, policies or other standards prescribed by the Directors from time to time. I understand that during the first 12 months of membership, I am a 'New Member' and do not have any voting rights but after 12 months of membership, I am deemed to be a Full Member and I am able to enjoy all of the benefits of membership, including voting rights.

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 Level 1, 368 Sydney Road, Coburg.

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

I confirm that in accordance with clause 4.2(b) of the Constitution, I am over the age of 18.

First Name	
Surname	
Address	
Suburb	
Phone Number	
Date of Birth	

Name of Witness: _____

Address of Witness: _____

Signature of Witness: _____

Signature of Applicant: _____

Date: _____

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: _____

<u>Post Application to:</u>	Chief Executive Officer, Merri Community Health Services Level 1, 368 Sydney Road, Coburg. 3058	<u>Fax to:</u> Chief Executive Officer on (03)9350 3864
		<u>Email to:</u> membership@mchs.org.au

Office Use Only

Approved by Board of Directors on: _____

Entered in Members' Register on: _____