APPLICATION FOR MEMBERSHIP

PO Box 1156, Bakery Hill Vic 3354
T 03 5338 4500
F 03 5331 5470
E info@bchc.org.au
W www.bchc.org.au

2020-2021

Ballarat Community HEALTH
(a company limited by guarantee)

To: Board of Directors
Ballarat Community Health ("the Company")
Reply Paid 1156, BAKERY HILL VIC 3354

Title	
Surname	
First Name	
Second Name	
Residential Address	
Postal Address (if different from above)	
Date of Birth	
Home Telephone	
Mobile	
Email Address	

(1) I hereby apply for renewal/membership of the Company and:

- agree to pay the Guarantee Amount set out in the Constitution as and when required by the Constitution or at law (see overleaf); and
- agree to be bound by the Company's Constitution.

(2) I elect to: (please tick **one** of the options below)

☐ become a Voting Member, and pay the annual membership fee of $10

☐ renew my Voting Membership, and pay the annual membership fee of $10

☐ become an Associate Member, Free/No voting rights.

This application is unconditional and I authorise you to insert the above details in the Register of Members.

Signed		**Date**	

Payment Options (for Voting Members only)

Payment must be submitted with application form. Please select one of the following:

☐ Cash (can be made in person at any of the BCH sites)

☐ Cheque (by post to the address below, or lodged at any of the BCH sites)

☐ Direct Deposit (please be sure to include your surname as the reference)
Bank Details Ballarat Community Health
BSB: 063 870, Account No: 1003 9506

Please return this form via:

Email: EAtoCEO@bchc.org.au

Post: **Ballarat Community Health**
Reply Paid 1156
BAKERY HILL VIC 3354
(no stamp required if using this postal address)

In person: Lodge your form at any of the BCH sites

OFFICE USE ONLY

Date Processed:
Membership Number:
Acknowledgement Date:

Notes about BCH Membership

Associate Members:

- **Application Fee:** Nil
- **Guarantee Amount:** $1.00
  (Should Ballarat Community Health ever be wound up, all Members would be required to pay the Guarantee Amount)
- **Eligible Age:** 18 years or older
- **Period of Membership:** There is no need to renew or reapply for membership each year. Please advise BCH in writing if you wish to cancel your membership.
- **Change of Details:** Please advise BCH in writing of any changes to your personal details within 30 days.

Voting Members:

- **Annual Membership Fee:** $10.00
  Payment must be provided with your application form.
- **Application Fee:** Nil
- **Guarantee Amount:** $1.00
  (Should Ballarat Community Health ever be wound up, all Members would be required to pay the Guarantee Amount)
- **Eligible Age:** 18 years or older
- **Period of Membership:** 1st July to 30th June in any year.
  The annual membership fee must be paid in order to maintain voting membership. A membership renewal invoice for the renewal of your voting membership will be issued each year. If the annual fee is not paid, your membership will be changed from voting to associate. Please advise BCH in writing if you wish to cancel your membership.
- **Change of Details:** Please advise BCH in writing of any changes to your personal details within 30 days.

For further information about BCH membership, or to obtain a copy of the BCH Constitution, please contact the CEO's office on (03) 5338 4533.