Moreland Community Health Service Incorporated.

In good hands….. in good health

Application for Membership

To apply for membership please complete your details below

First Name	
Surname	
Address	
Suburb	
Phone Number	
Email Address	

To be eligible you need to: ☐ Work ☐ Reside ☐ Study

in the City of Moreland or area/s serviced by Moreland Community Health Service.

☐ I certify that I am over 18 years of age.

Membership is free and entitles the member to vote in the elections for the Board of Management. All members except MCHS staff, can stand for election. Members are encouraged to attend the Annual General Meeting held each November. Members are notified by mail of the date and time 6 weeks prior to the meeting.

Please note: Membership is valid until you inform us you no longer wish to be a member or until such time that mail sent to you is returned to us.

Date: _____

Signature of Applicant: _____

Post Application to: *Executive Manager, Moreland Community Health Service*
11 Glenlyon Road, Brunswick. 3056

OR

Fax to: *Executive Manager – 9387 5417*

Email to: webmaster@mchs.org.au

Office Use Only	Date Received:
Signature for the Service :	