



Application for Membership

Name: _____
(full name of applicant)

Street Address: _____

Town: _____ State: _____ Postcode: _____

Postal Address: _____

Town: _____ State: _____ Postcode: _____

Telephone: _____ Email: _____

I would like to receive regular updates from Gippsland Lakes Community Health (GLCH) via email.

Tick the membership category you are applying for:

- Voting Member** (the general public)
- has the right to receive notices of and to attend and be heard at any General Meeting and has the right to vote at any General Meeting.
 - is entitled to vote to elect Directors to the GLCH Board of Directors.
 - can be nominated for election to the GLCH Board of Directors.
 - must be over 18 years of age.
- Corporate Member** (business, organisation, etc)
- has the right to receive notices of and to attend and be heard at any General Meeting and has the right to a single vote at any General Meeting.
 - is entitled to a single vote to elect Directors to the GLCH Board of Directors.
 - can nominate a single representative for election to the GLCH Board of Directors.
- Associate Member** (non-voting member, i.e. GLCH staff)
- has the right to receive notices of and to attend and be heard at any General Meeting but does not have the right to vote at any General Meeting.
 - must be over 18 years of age.

Please turn over to complete eligibility for membership

Eligibility Criteria – please tick all that apply:

- I live, work or study in the community where GLCH provides services.
- I receive or have received services from GLCH.
- I have a demonstrated interest in GLCH which the board considers to be desirable to further GLCH's objects as set out in clause 2 of the GLCH Constitution. The GLCH Constitution can be found on our website at: <http://glch.org.au/about-us/governance>
- I am over 18 years of age.

Please describe how you meet the eligibility criteria that you have ticked:

Signature of Applicant: _____ **Date:** ____/____/____

UPON COMPLETION:

Post to: Executive Assistant Gippsland Lakes Community Health PO Box 429 LAKES ENTRANCE VIC 3909	Fax to: (03) 5155 4057	Deliver by hand to one of our sites at: Lakes Entrance, Bairnsdale, Bruthen, Metung or Nowa Nowa
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Office Use Only

Date Received:	By:
Membership criteria met	Y / N

Date of Board Approval:

Date of Member Notification:	By:
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