



Grampians Community Health
(a company limited by guarantee)
ABN 41 831 668 189

APPLICATION FOR MEMBERSHIP

To:
The Board
Grampians Community Health (GCH)
8-22 Patrick Street
Stawell VIC 3380

From:

Full Name:	
Address:	
Email:	
Phone:	
Date of Birth:	

I hereby apply for membership of Grampians Community Health and:

- agree to pay the Guarantee Amount set out in the GCH Constitution as \$1.00 as and when required by the Constitution or at law; and
- agree to be bound by the GCH's Constitution.
- This application is unconditional and I authorise you to insert the above details in the Register of Members.

Signed:	
Date:	

Office Use Only

Application approved: Yes No

Date of entry into Register: