

INNER EAST COMMUNITY
HEALTH SERVICE

Free Membership

I hereby apply for membership of Inner East Community Health Service*

I confirm that I am over 18 years of age.

And I:

- am a client, or carer for a client; or
- provide unpaid voluntary services for Inner East Community Health Service; or
- live, work or am enrolled as a student at an educational service in the local community; or
- have a previous connection with Inner East Community Health Service (please specify)

.....

First Name:			
Last Name:			
Street Address:			
Suburb:			Post Code:
Telephone:	Home:	Mobile:	Work:
Email:			

Please circle your preferred form of communication: Mail Email

Signature _____ **Date** ___ / ___ / ___
Applicant

Membership entitles you to:

- Nominate to become a Board Director
- Attend members meetings
- Vote in Board elections (depending on class of membership)
- Receive a copy of our Annual Report and Community Newsletters
- Receive updates about activities, new services and special events at Inner East Community Health Service

Please send completed form to:
Inner East Community Health Service
283 Church St.
Richmond Vic 3121

Fax: 9429 8536
Email: info@iechs.org.au

Office Use Only:
Date Received:.....
By:.....

* I agree to the Constitution and to the requirement to guarantee Inner East Community Health Service to the extent set out in the Constitution (currently \$10.00). You do not have to pay anything when joining – Membership is Free.