



Application for Membership

Name: _____
(full name of applicant)

Address: _____

 State: _____ Postcode: _____

Postal Address: _____

 State: _____ Postcode: _____

Telephone: _____ **Email:** _____

I would like to receive regular updates from Gippsland Lakes Community Health via email

Voting Member (i.e. General Public)
 A Voting Member 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.

I certify that I am over 18 years of age and

a) am a client or carer for a client; and/or
 b) live, work or volunteer in East Gippsland; and/or
 c) are enrolled as a student at an educational service in East Gippsland.

Associate Member (i.e. Employee)
 An Associate Member 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.

I certify that I am over 18 years of age and

a) are an employee of Gippsland Lakes Community Health.

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

UPON COMPLETION:

Post to: Gippsland Lakes Community Health PO Box 429 LAKES ENTRANCE 3909	Fax to: (03) 5155 4057	Deliver by hand to one of our sites at: 18-26 Jemmeson Street, Lakes Entrance or 281 Main Street, Bairnsdale or Main Street, Bruthen
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Office Use Only

Date Received:	By:	Date of Board Approval:	Date of Member Notification:	By: