

**Please note: to make this application valid, you must sign this form.**

**This form can only be used for one person.**

Please note that the Board of Directors must approve your application for membership.

Title (Mr, Ms, Mrs, Dr etc)	
Christian Names	
Surname	
Postal Address	
Home Address (If different from postal)	
Home Phone	
Mobile Phone	
Email Address	

## MEMBERSHIP CATEGORY

The Board of Directors has determined that Members of the Victorian and Australian Parliament, Local Government Councilors and Staff of any Health Service may be admitted as Associate Members.

**Please tick this box If you are in any one of these categories.**

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**If you ticked the left-hand box, please state your category.**

**Please share with us your current involvement in your local community. You are welcome to mention any activity.**

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**What areas of community health do you feel passionate about?**

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**What are your reasons for applying to be a member of Link Health and Community?**

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**Communicating with you:**

Are you happy to receive our company reports and other communication electronically? This is important as it reduces the amount of paper we need to use, thus reduces the environmental impact of communication.

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**YES** (Please ensure you add your email address at the front when checking this box)

☐

**NO**

Signed	
Date	
I have been a members since:	

**Please mail, fax, email or personally hand in this completed and signed application form to:**

**Mail and hand in:** The Board Secretary, Link Health and Community, 2 Euneva Ave, Glen Waverley, 3150

**Fax:** 03- 9563 2893      **and**      **Email:** [linkhc@linkhc.org.au](mailto:linkhc@linkhc.org.au)

For Office Use only			
Date received		Date entered into database.	
Date approved by Board of Directors		Person processing this application.	