

APPLICATION FOR MEMBERSHIP FORM

This form is for application to membership of Community Home Care Inc. (CHC)

An existing Community Home Care Member must nominate potential members for CHC Association Membership.

Nominator's Name:		Date of Nomination
Are you a CHC member? Yes / No (You must be a current member of CHC to make a nomination)		
I hereby nominate (name) as a member of CHC:		
Signature of nominator:		

Applicant/ Nominee Name:		Date of Application
Relationship to Community Home Care	<input type="checkbox"/> Client <input type="checkbox"/> Family/ Informal Carer <input type="checkbox"/> Community Member <input type="checkbox"/> Volunteer <input type="checkbox"/> Staff <input type="checkbox"/> Professional <input type="checkbox"/> Other:	
Representing City/ Town		
Address		
Phone Mobile		Phone Home/Work
Email		
Preferred method of contact	<input type="checkbox"/> Email	<input type="checkbox"/> Post
Signature of nominee/ applicant:		

Please return your completed Membership to Krystal Lauretsch, CEO Community Home Care

Post: PO Box 1776, Bunbury WA 6231

Email: CEO@communityhomecare.org.au

In Person: Drop to any CHC Branch

Office Use Only:

Board Meeting tabled date: _____ / _____ / _____

Membership Approved by Board of Management: Yes/No

Membership No Allocated: _____ Entered to membership register: