



# 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:	
Type of membership	<input type="checkbox"/> Ordinary <input type="checkbox"/> Associate (under 15 years age, CHC employees)	
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 application to Community Home Care  
 Post: PO Box 1776, Bunbury WA 6231  
 Email: [krystal.laurentsch@chcare.org.au](mailto:krystal.laurentsch@chcare.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: