



APPLICATION FOR MEMBERSHIP FORM

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

(T/A Belong at Home) ABN 15 457 216 802

An existing Community Home Care Inc Association Member must nominate potential members for association membership.

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

| | | |
|----------------------------------|--|-------------------------------|
| Applicant/ Nominee Name: | | Date of Application: |
| Relationship to Belong at Home | <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, Belong at Home 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:

Belong at Home, Attention CEO

Post: PO Box 1776, Bunbury WA 6231

Email: krystal.laurensch@belongathome.org.au

In Person: Drop to any Belong at Home office

Office Use Only:

Board Meeting tabled date: _____ / _____ / _____

Membership Approved by Board of Management: Yes/No

Membership No Allocated: _____ Entered to membership register: