



APPLICATION FOR MEMBERSHIP

Name _____

Address _____

Email _____

Phone _____ Mobile _____

Select what is applicable

- I wish to apply to become a member, or
 I wish to renew my membership of Warrnambool & District Community Hospice Inc.

I agree to support the purposes of Warrnambool & District Community Hospice Inc. and agree to be bound by the rules of the Association.

Signature of Applicant _____ Date _____

Annual membership fee \$20.00 to be paid on application. Renewal date 1st of November each year.

Bank details: BSB: 633-000 Account number: 144182748.

Please give the bank your name as a reference for the payment.

Post your form to:

Warrnambool & District Community Hospice
PO Box 755,
Warrnambool 3280

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For office use:

Date application received:

Date application presented to committee meeting:

Outcome:

Receipt:

Applicant notified:

Entered on membership register