

Inner South Community Health Service Membership Application Form



Want to be kept up to date with what is happening at ISCHS?

If so, you may want to join our membership by filling out the form below. By becoming a member you hear about key health issues that affect our community and can help us to develop our services for the community.

**Please note, if you are already a member of ISCHS you do not need to fill in this page.*

Membership Application

Member *(voting rights)*

Associate Member *(staff only)*

Name:

Address: Postcode:

Phone *(work)*: Phone *(home)*:

Email:

I would like to receive information via email *(This helps ISCHS save money and the environment.)*

I would like to be contacted about opportunities to provide feedback and to participate in ISCHS planning and decision-making

I certify that *(please tick all that apply):*

I am over 18 years of age

I live in the area served by ISCHS

I work in the area served by ISCHS

I am an enrolled student in the area served by ISCHS

I am a client of ISCHS

I am a carer of an eligible member or client of ISCHS

Why do you want to become a member of ISCHS?

.....
.....
.....

*I wish to become a member of **Inner South Community Health Service** and I support the objects of the Service.*

I agree to comply with the constitution and regulations of the company and undertake \$1 to the company's property if the company is wound up.

Signature of Applicant: Date:

Personal information provided to the company will only be used and disclosed in accordance with law.

About Us:

For more information about ISCHS please visit www.ischs.org.au

