



# Compassionate Hearts on the Bellarine

## Member Application Form

Applicant's Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Gender: \_\_\_\_\_

Residential address: \_\_\_\_\_

Postal address:  
(if different) \_\_\_\_\_

Preferred method of receiving information:      Post:       Email:

Mobile: \_\_\_\_\_      Other: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact Name: \_\_\_\_\_      Phone: \_\_\_\_\_

### **Annual Membership Fees for June 2020 – June 2021**

Full Membership \$10

Associate Membership (non voting rights) \$5

Membership fees can be paid in cash/chq/EFT. Payment by cash can be made with either the Treasurer or Secretary. Cheques can be made out to Compassionate Hearts on the Bellarine. Payment by EFT are as follows:

**Account Name:** Compassionate Hearts on the Bellarine Inc.

**BSB:** 633 000

**Account No:** 167979772

As a member I agree to abide by the rules and regulations of the Compassionate Hearts on the Bellarine (CHOB) and agree to pay the annual membership fee as stated above.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Chair Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Postal address: CHoB, PO Box 221, Queenscliff 3225**