

## Membership at Castlemaine District Community Health (CDCH)

### As a Voting member of this organisation you are entitled to:

- Receive a copy of our Annual Report
- Attend our Annual General Meeting
- Vote on resolutions at General Meetings
- Be nominated for the Board
- Nominate Board members
- Vote for Board members
- Participate in relevant Advisory Committees
- Participate in Client and Community Surveys

**The number of Voting members is  
limited to 100**

### As an Associate member of this organisation you are entitled to:

- Receive a copy of our Annual Report
- Attend our Annual General Meeting
- Participate in relevant Advisory Committees
- Participate in Client and Community Surveys

Associate Members are not entitled to vote or to sit on the Board of Directors

**The number of Associate members is  
unlimited.**

## Castlemaine District Community Health

13 Mostyn Street  
CASTLEMAINE 3450

Phone: 03 5479 1000

Fax: 03 5472 3221

email@cdch.com.au

[www.cdchcastlemaine.com.au](http://www.cdchcastlemaine.com.au)

### Hours

Monday to Thursday 9.00am—5.00pm

Friday 9.00am—4.30pm



**Castlemaine  
District  
Community  
Health**

**COMMUNITY HEALTH**  
Information Resources Promotion

Castlemaine District Community Health

A.B.N: 43136516991

Please return completed membership  
application forms to:

### Board of Directors

**Castlemaine District Community Health**

13 Mostyn Street

Castlemaine Victoria 3450

Printed January 2014

# Membership Application

*Facilitating  
Better Health*

## Why become a member?

Being a community based organisation, we value the opinions and input of the people who live within our service area. Local people can help us decide about future programs that would be of benefit to the community.

*Becoming a member allows you to have some input into the key health issues and future directions of the organisation. It also demonstrates support for your Community Health Centre and its work in "Facilitating Better Health".*

## Membership Costs

There is no cost for membership

## Voting Members

As a Voting member you would have a limited \$1 obligation should the organisation wind up.

## Associate Members

Have no monetary obligation

# Membership Application

## FORM 1

Name in Full: .....

Address: .....

Town: .....

State: ..... Postcode: .....

Phone: .....

Email: .....

Date of Birth: .....

Place of Birth: .....

**Associate or Non-Voting Member**

**Voting Member**

To become a full voting member application Form 2 will need to be completed. This will be sent to you on receipt of this form.

I would like to become a member of Castlemaine District Community Health as indicated above.

I am connected to this organisation by virtue of:

- I live in the Mount Alexander Shire
- I am a client of the services provided by the Organisation
- Other— please state

I certify that I am over 18 years of age

\_\_\_\_\_  
Signature of applicant.

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

Castlemaine District Community Health (CDCH) offers a range of services and programs aimed at promoting health and preventing illness. These may be conducted on an individual or group basis.

**CDCH is part of your community**

*Your Health  
Your Community  
Your Community Health Centre*

## OFFICE USE ONLY:

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date approved by Board: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Signature for the Centre