

Membership Period (financial year 1 July – 30 June)

New Membership

Renew Membership

I _____ hereby apply for membership of
TeamHEALTH and agree to abide by the Constitution.

Signature: _____ Date: _____

My details have not changed since last membership application

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Email: _____

Contact No: _____ Contact No: _____

	Type	Fee
<input type="checkbox"/>	Ordinary	\$15.00
<input type="checkbox"/>	Ordinary (Centerlink Concession)	\$10.00
<input type="checkbox"/>	Ordinary (Participant or Carer)	Nil Fee
<input type="checkbox"/>	Associate Member (Staff or Government Workers)	\$5.00
<input type="checkbox"/>	Institutional Organisations	\$25.00

Proposer

Name: _____ Signature: _____ Date: _____

Secunder

Name: _____ Signature: _____ Date: _____

Administration Use

Receipt No:		Date entered to register:	
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