

ASSOCIATE ORGANISATIONAL MEMBERSHIP APPLICATION INFORMATION

Thank you for your interest in becoming an Associate Organisational CHF Member. The following Information and documentation will assist the CHF Board to assess your application.

Organisational Membership Option:

Income Range *



<\$250,000 - \$ 100.00 (includes GST of \$ 9.09)



>\$250,000 - \$ 500.01 (includes GST of \$ 45.46)

Associate Organisational Member Details:

Organisational Name* _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

Town or Suburb* _____

State or Territory* _____

Post Code* _____

Country* _____

Telephone: _____

Email Address* _____

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About your organisation:

A one sentence description that can be included on the CHF website - max 50 words

Approximate number of consumers in your network: _____

Main areas of interest:

Consumer Representative Co-ordinator:

Do you have a Consumer Representative co-ordinator?

☐ Yes ☐ No

Title: _____

First Name* _____

Last Name* _____

Consumers shaping health

PO Box 73

Deakin West ACT 2603

Ph: (02) 6273 5444

www.chf.org.au

Hon: _____

Telephone: _____

Email Address* _____

Contact Person:

Title: _____

First Name* _____

Last Name* _____

Hon: _____

Only complete if your postal address is different from the organisation's.

Postal Address* _____

Address Line 2: _____

Town or Suburb* _____

State or Territory* _____

Post Code* _____

Country* _____

Telephone: _____

Email Address* _____

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