



COOLOOLA HUMAN SERVICES NETWORK
Registered Office: 2/107 Mary Street, Gympie Q 4570
Postal Address: PO Box 1286, Gympie Q 4570
Telephone: 07 5482 6770
Email: management@chsn.org.au
ABN: 63 808 504 594

www.chsn.org.au

2018 MEMBERSHIP RENEWAL FORM AND TAX INVOICE

Membership renewals for 2018 are due by our AGM to be held on Thursday 12 April 2018.

Please note the following information:

- Each organisation member is entitled to one vote. Each individual member is entitled to one vote.
- The "authorised representative" of an organisation may vote. Alternatively, a proxy vote is available if the "authorised representative" is unavailable at any meeting. **Please check that an "authorised representative" for 2018 is nominated.**
- Membership rates are reviewed annually. See over page for current rates.
- Completion of this renewal form assists us to maintain accurate records even for those with "Free" membership.
- If not wishing to renew, see next page for notification to Secretary of resignation from CHSN.
- On completing this renewal, you continue agreeing to support the Mission and Objectives of the Cooloola Human Services Network Inc.
- Please email management@chsn.org.au if you do not wish to receive emails regarding community activities, training and workshops, or you have any enquiries regarding membership.

Member details

1) Name of Organisation / Individual: _____

2) Authorised Representative of Organisation: _____

3) Organisation location address / individual residential address:

Post code: _____

4) Postal address:

Post code: _____

5) Telephone no: _____ Fax no. _____

6) Email:

a) _____

b) _____

7) Signature: _____ Date: _____

Sector Representation (only complete if there has been a change since 2017)

**Please number the sector or service type you represent, with number 1 being the prime focus for the human service(s) delivery you offer.*

- Youth Sector _____
- Church _____
- Disability services _____
- Community services _____
- Aboriginal and Torres Strait Islander Services _____
- Childcare services _____
- Housing services _____
- Environmental services _____
- Health services _____
- Counselling services _____
- Employment services _____
- Volunteer services _____
- Welfare services _____
- Multicultural services _____
- Aged Care services _____
- Other (*please specify*) _____
- _____

CHSN Website

Please tick if you would like a link to your organisation’s website included on CHSN’s website.

Classes of Membership - Please tick relevant response:

- 1) Funded Organisation: \$33 (GST incl.)
- 2) Unfunded Organisation: \$Free
- 3) Individuals: \$Free

Completed forms may be emailed to management@chsn.org.au OR forwarded to The Secretary, CHSN, PO Box 1286, Gympie QLD 4570 OR brought to our AGM on Thursday 12th April 2018 to be held at 2/107 Mary St Gympie.

Payment may be made by cash or cheque (made payable to Cooloola Human Services Network) at our AGM OR forwarded to The Secretary, CHSN, PO Box 1286, Gympie QLD 4570 OR by direct deposit.

Bank details:

Bendigo Bank
BSB: 633 000
Acc. No. 146043591 (please put organisation/and or name as reference)
Receipts will be issued.

Termination of Membership (to be completed if terminating membership only)

The Secretary
CHSN

I / we hereby resign from the Cooloola Human Services Network Inc. Date____/____/____

Signature authorised representative / individual _____

<u>OFFICE USE ONLY</u>	Receipt No: _____ Date: _____
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