



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 NEW MEMBERSHIP APPLICATION FORM AND TAX INVOICE

(Annual subscriptions (if applicable) are due and payable by the date of the following AGM.)

CHSN is the peak body for human service delivery for the Gympie Region and welcomes services, agencies, sector representatives and individuals as members. Please read the following information:

- All new membership applications are provisional until endorsed by the Management Committee. The application must be accompanied by payment of the relevant fee (see over).
- Each organisation member is entitled to one vote. An individual member is entitled to one vote.
- The "authorised representative" of an organisation may vote on behalf of the organisation. Alternatively a proxy vote is available if the "authorised representative" is unavailable at any meeting. **Please nominate an "authorised representative".**
- Membership rates are reviewed annually.
- On completing this application, you are agreeing to support the Mission and Objectives of the Cooloola Human Services Network Inc.
- Your details will automatically be included on the CHSN email list of community activities, training and workshops. Please email management@chsn.org.au if you do not wish to receive these emails or for any other enquiries regarding membership.

Applicant Details

1) Name of Organisation / Individual:

2) Authorised Representative of Organisation:

3) Organisation physical 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

** 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 upon endorsement.

Refunds will be issued should the application not be endorsed.

OFFICE USE ONLY

Receipt No: _____ Date: _____

Proposer: _____ Seconder: _____

Endorsed at Management Committee meeting of: _____

Applicant advised of endorsement outcomes:- YES / NO ___/___/___ Register Number: _____