



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

2017 MEMBERSHIP APPLICATION FORM AND TAX INVOICE

Membership renewals for 2017 are due by our AGM to be held on Thursday 11 May 2017.

CHSN is the peak body for human service delivery for the Gympie Region and welcomes services, agencies, sector representatives and individuals as members. Following is information essential to your application:

- All membership applications are provisional until accepted by the Management Committee.
- Each organisation is entitled to one vote.
- Membership rates are reviewed annually. See over page for current rates.
- 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, unless you request not to be included.

Applicant Details

1) Name of Organisation or Individual:

2) Authorised Representative of Organisation:

3) Physical 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.) Unfunded Organisation: \$Free Individuals: \$Free

2) Is this a New Membership or
 Renewal

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 11 May 2017 to be held at 2/107 Mary St Gympie.

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

Bank details:
Bendigo Bank
BSB: 633 000
Acc. No. 146043591

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: _____