

COOLOOLA HUMAN SERVICES NETWORK

4/4 Horseshoe Bend, Gympie Q 4570

Postal Address: PO Box 1286, Gympie Q 4570

Email: management@chsn.org.au Telephone: 0408 992 822

ABN: 63 808 504 594

www.chsn.org.au

2021 MEMBERSHIP APPLICATION FORM AND TAX INVOICE

New membership applications for 2021 may be lodged at any time. Membership for 2021 are due by our AGM to be held on 8th April 2021 for voting.

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 only one vote. Please nominate your "authorised representative".
- 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. Please email management@chsn.org.au if you do not wish to receive these emails.

Applicant Details

| 1) | Name of organisation | o OR individual: | |
|----|------------------------|--|--|
| 2) | If organisation "autho | prised representative": | |
| 3) | If organisation physic | cal address OR if individual home address: | |
| 4) | Postal address: | Post code: | |
| ') | · | Post code: | |
| 5) | Telephone no: | Mobile 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 services delivery you offer.

| Sector | Service |
|---------------------------------------|------------------------|
| Youth | Health |
| Church | Counselling |
| Disability services | Employment |
| Community services | Volunteer |
| Aboriginal and Torres Strait Islander | Welfare |
| Service | Multicultural |
| Childcare | Aged care |
| Housing | Other (please specify) |
| Environmental | |

| CHICK | XA7 - I ** - |
|-------|--------------|
| CHSN | Website |

| Classes of Membership | - Please tick relevan | nt response: | | | |
|----------------------------|-----------------------|------------------|-----------------|-------------------|------|
| ☐ Please tick if you would | like a link to your | organisation's v | vebsite include | ed on CHSN's webs | ite. |

| ☐ Funded Organisation: \$33 (GST incl.) | ☐ Unfunded Organisation: \$Free | □ Individuals: \$Free |
|---|---------------------------------|-----------------------|

| □ New | Membership | □ Renewal |
|-------|------------|-----------|

Completed forms may be emailed to: $\frac{management@chsn.org.au}{management@chsn.org.au}$ OR forwarded to: The Secretary, CHSN PO Box 1286, Gympie QLD 4570 OR brought to our AGM on Thursday 8^{th} April 2020 to be held at 4/4 Horseshoe Bend, Gympie.

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

Banking details: Bendigo Bank BSB: 633 000

Acc. No. 146043591 (please put organisation or name as reference)

Refunds will be issued should the application not be endorsed.

| OFFICE USE ONLY | Receipt No: Date: |
|---------------------------|---|
| Proposer: | Seconder: |
| Endorsed at Managemen | t Committee meeting of: |
| Applicant advised of endo | orsement outcomes: - YES / NO/ Register Number: |