

## COOLOOLA HUMAN SERVICES NETWORK

Postal Address: PO Box 1286, Gympie Q Email: management@chsn.org.au

ABN: 63 808 504 594

www.chsn.org.au

## 2023 MEMBERSHIP APPLICATION FORM AND TAX INVOICE

New membership applications for 2023 may be lodged at any time. Membership for 2023 are due by our AGM to be held on 13th April 2023 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 <a href="mailto:management@chsn.org.au">management@chsn.org.au</a> if you do not wish to receive these emails.

## **Applicant Details**

1)	Name of organisation	OR individual:
2)	If organisation "autho	orised 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	

	We	

☐ Please tick if you wo	ould like a link to y	our organisation's website included	on CHSN's website.				
Classes of Membership - Please tick relevant response:							
☐ Funded Organisation	n: \$33 (GST incl.)	☐ Unfunded Organisation: \$Free	☐ Individuals: \$Free				
☐ New Membership	□ Renewal						

Completed forms may be emailed to: <a href="mailto:management@chsn.org.au">management@chsn.org.au</a> OR forwarded to: The Secretary, CHSN PO Box 1286, Gympie QLD 4570 OR brought to our AGM on Thursday 13<sup>th</sup> Ap ril 2023.

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 Manageme	nt Committee meeting of:			
Applicant advised of end	dorsement outcomes: - YES / NO	/	/	Register Number: