



I/We \_\_\_\_\_  
(Full Name/s)

Of \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
(Address)

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

hereby apply for membership of Yackandandah Health Limited. I/We understand that an Annual Membership Fee of \$10.00 (family) or \$5.00 (single) is payable before entry into the register of Members and each first July thereafter. Account details for direct deposit are BSB: 640 000, Account No: 1111 08289. Cash payments can be taken by reception at Yackandandah Health.

Date: \_\_\_\_\_

Signature/s: \_\_\_\_\_ & \_\_\_\_\_

I, \_\_\_\_\_ a member of the Yackandandah Health Limited, nominate the Applicant, who is personally known to me, for membership.

Date: \_\_\_\_\_

Signature of Proposer: \_\_\_\_\_

I, \_\_\_\_\_ a member of Yackandandah Health Limited, nominate the Applicant, who is personally known to me, for membership.

Date: \_\_\_\_\_

Signature of Seconder: \_\_\_\_\_

**OFFICE USE ONLY**

Annual Membership Fee of:  \$5.00  \$10.00  
Single Family

I, \_\_\_\_\_ On: \_\_\_\_\_

Accepted by Committee: \_\_\_\_\_ Date of meeting: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Date Entered in Membership Register: \_\_\_\_\_ Letter Sent: \_\_\_\_\_