



Neerim District Soldiers' Memorial Hospital Inc. A.B.N. 77 228 450 675 Trading as:

Neerim District Health Service

29-39 Main Neerim Road, Neerim South 3831

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Fax: 03 5628 1468

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MEMBERSHIP FORM

Your membership to Neerim District Health Service shows your support for a very important community owned and community managed asset. This membership is for the period to 30th June, 2019. Thank you very much for your support.

I hereby apply for membership of the Neerim District Health Service.

Name: _____

Email: _____

Address: _____

_____ Post Code _____ Contact Number _____

Type of Membership: Single \$20 Family \$35 No. of members on this membership

Please fill this in as it helps with funding requests ↑

Would you please also consider making a donation? All donations of \$2 or more are tax deductible

Donation/Membership:

Payment Method (please tick):

Donation Amount	\$
Membership Fee	\$
Total Due	\$

Cash	<input type="checkbox"/>
Cheque	<input type="checkbox"/>
Credit Card (please complete details below)	<input type="checkbox"/>

Please charge to my: Bankcard Visa MasterCard

Card Number: _____ Expiry: ____/____ CCV: _____

Name on Card: _____

Signature of Cardholder _____

Please tick this box if you would not like an annual reminder regarding renewal of this membership.

Would you like to volunteer at NDHS? Please indicate below any areas you might be interested in and we'll be in touch soon.

<input type="checkbox"/>	Tarago Views Aged Care	<input type="checkbox"/>	Fundraising Events
<input type="checkbox"/>	Ladies Guild	<input type="checkbox"/>	Entertainment e.g. play musical instrument
<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Other