

Membership Application Form



Do you want to be kept up to date with what is happening at Star Health?

If so, you may want to join our membership by filling out the form below. By becoming a member you hear about key health issues that affect our community and can help us to develop our services for the community.

Membership Application

Member (voting rights)

Associate Member (staff only)

Name:

Address: **Postcode:**

Phone (work): **Phone (home):**

Email:

I would like to receive information via email

I would like to be contacted about opportunities to provide feedback and to participate in Star Health planning and decision-making

I certify that (please tick all that apply):

I am over 18 years of age

I live in the area served by Star Health

I work in the area served by Star Health

I am an enrolled student in the area served by Star Health

I am a client of Star Health

I am a carer of an eligible member or client of Star Health

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Why do you want to become a member of Star Health?

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*I wish to become a member of Star Health and I support the objects of the Service.
I agree to comply with the constitution and regulations of the company and
undertake \$1 to the company's property if the company is wound up.*

Signature of Applicant: Date:

*Personal information provided to the company will only be used and disclosed
in accordance with law.*

About Us:

For more information about Star Health please visit www.starhealth.org.au