

**APPLICATION FOR MEMBERSHIP**

**DPV HEALTH LIMITED**



**DPV**  
Health

I hereby apply for membership of DPV Health Limited, consent to such membership and agree to comply with the provisions of the Constitution including the liability of members and guarantee on winding up as set out in the Constitution.

I meet the Membership Eligibility as below, as I:

- Am over 18 years of age; and
- Am not currently an employee of the Company; and
- Am a client; or
- My previous relationship with the Company was:

..... (specify relationship with the Company)

<b><i>First Name</i></b>			
<b><i>Last Name</i></b>			
<b><i>Street Address</i></b>			
<b><i>Suburb</i></b>	<b>Post Code</b>		
<b><i>Telephone</i></b>	<b>Home:</b>	<b>Mobile:</b>	<b>Work:</b>
<b><i>Email</i></b>			

Please circle your preferred form of communication:      Mail                                      Email

**Signature** \_\_\_\_\_

**Date** \_\_\_ / \_\_\_ / \_\_\_

**Please return this form to:**

**DPV Health, PO 58, Epping, 3076 or electronically to Sandra Erskine**

**[Sandra.Erskine@dpvhealth.org.au](mailto:Sandra.Erskine@dpvhealth.org.au)**



## MEMBERSHIP RIGHTS

Membership entitles you to:

- Attend general meetings of the company
  - Receive a copy of our Annual Report
  - Receive updates about activities, new services and special events at DPV Health
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### Business Use Only:

Date of receipt:

Date considered by Board:

Decision of Board:

Entry in Register:

Letter/email sent:

### Membership Eligibility Clause 3.3

3.3 A person is eligible to become an Ordinary Member if:

3.3.1 they are a natural person of not less than 18 years of age;

3.3.2 they are not an employee of the Company; and

(a) they are a Client; or

(b) they have a previous connection with the Company which the Board considers sufficient for its purposes; or

(c) they become a Director of the Company.