



Emmy Monash
Aged Care



EMMY MONASH AGED CARE INC. AND THE MUTUAL HELP LIMITED MEMBERSHIP APPLICATION FORM

Applicant Details

Title: Mr Mrs Miss Ms Dr Prof

Surname: _____

First Name: _____ Preferred Name: _____

Address: _____

Suburb: _____ Postcode: _____

Email: _____

Telephone (Home): _____ (Business): _____

Mobile: _____

To be completed by one nominee (known to the applicant) who is currently a member of Emmy Monash Aged Care Inc. and The Mutual Help Limited.

I, _____ (Name),
am a member of Emmy Monash Aged Care Inc. and The Mutual Help Limited wish to nominate
Mr/Mrs/Ms/Miss/Dr/Prof _____ (Applicant).
I have known him/her for _____ months/years and know him/her to be of good character.

Signature of Nominee/Proposer: _____ Date: _____

Consent

I, _____ (Full name of applicant)
of _____ (Address)
hereby apply for membership of Emmy Monash Aged Care Inc. and The Mutual Help Limited according to the
respective provisions of the Rules of Association and the Constitution.

I agree to be bound by all the rules and provisions of the Rules of Association of Emmy Monash Aged Care Inc.
and the Constitution of The Mutual Help Limited.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

Date received: _____

Board approved Board not approved Date: _____

Applicant notified/invoiced Payment received Entered on Register Date: _____