

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



| Applicant Details                                                                                                                                                              |                                             |                                           |                               |                             |                             |                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------|-------------------------------|-----------------------------|-----------------------------|-------------------------------|
| Title:                                                                                                                                                                         | <input type="checkbox"/> Mr                 | <input type="checkbox"/> Mrs              | <input type="checkbox"/> Miss | <input type="checkbox"/> Ms | <input type="checkbox"/> Dr | <input type="checkbox"/> Prof |
| Surname:                                                                                                                                                                       | _____                                       |                                           |                               |                             |                             |                               |
| First Name:                                                                                                                                                                    | _____                                       |                                           |                               | Preferred Name:             | _____                       |                               |
| Address:                                                                                                                                                                       | _____                                       |                                           |                               |                             |                             |                               |
| Suburb:                                                                                                                                                                        | _____                                       |                                           |                               | Postcode:                   | _____                       |                               |
| Email:                                                                                                                                                                         | _____                                       |                                           |                               |                             |                             |                               |
| Telephone (Home):                                                                                                                                                              | _____                                       |                                           |                               | (Business):                 | _____                       |                               |
| Mobile:                                                                                                                                                                        | _____                                       |                                           |                               |                             |                             |                               |
| <b>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.</b>                            |                                             |                                           |                               |                             |                             |                               |
| 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: _____                                                                                                                               |                                             |                                           |                               |                             |                             |                               |
| <b>CONSENT</b>                                                                                                                                                                 |                                             |                                           |                               |                             |                             |                               |
| 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: _____                                                                                                                                      |                                             |                                           |                               |                             |                             |                               |
| <b>OFFICE USE ONLY</b>                                                                                                                                                         |                                             |                                           |                               |                             |                             |                               |
| Date Received: _____                                                                                                                                                           |                                             |                                           |                               |                             |                             |                               |
| <input type="checkbox"/> Board approved                                                                                                                                        | <input type="checkbox"/> Board not approved | Date: _____                               |                               |                             |                             |                               |
| <input type="checkbox"/> Entered on Database                                                                                                                                   | <input type="checkbox"/> Invoiced           | <input type="checkbox"/> Payment received | Date: _____                   |                             |                             |                               |