



NEERIM DISTRICT HEALTH SERVICE

29-39 Main Neerim Road, NEERIM SOUTH 3831 Phone 56281 226 Fax 56281 468

MEMBERSHIP FORM

By renewing your membership to Neerim District Health Service you are showing support for a very important community owned and community managed asset.
This membership is for the period to 30th June,2009. Thank you very much for your support.

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

NAME: _____

ADDRESS: _____

_____ Post Code _____

Type of Membership: Single \$15 Family \$30 No. of members on this membership
Please fill this in as it helps with funding requests ↑

Would you please also consider making a donation to the hospital. All donations of \$2 or more are tax deductible.

DONATION AMOUNT: \$.....

MEMBERSHIP FEE: \$.....

TOTAL DUE: \$.....

PAYMENT METHOD: CASH CHEQUE CREDIT CARD
Please charge to my: Bankcard Visa Mastercard

CARD NUMBER:/...../...../..... Expiry:/.....

NAME ON CARD:

Signature of Cardholder

WOULD YOU LIKE MORE INFORMATION ABOUT:

- Remembering the hospital in your will?
- Volunteering opportunities at the hospital?

If so, please tick the appropriate box and we will be very pleased to send you more information.