



PHILLIP ISLAND MEDICAL AND HEALTH ACTION GROUP INC.

MEMBERSHIP APPLICATION

SURNAME: (PLEASE PRINT)		DATE OF BIRTH
GIVEN NAMES:		
ADDRESS:		
	STATE:	POST CODE:
WHAT IS YOUR CONNECTION TO PHILLIP ISLAND? PLEASE TICK		
RESIDENT <input type="checkbox"/>	HOLIDAY HOME OWNER <input type="checkbox"/>	VISITOR <input type="checkbox"/>
EMAIL:	PHONE:	
APPLICANT SIGNATURE:	DATE:	
Membership fee per adult - \$5 Annual subscription - \$5 (due each July 1)		
Amount paid: \$ _____		
If paying directly into bank account, please include surname and initial as reference. Bank Account details: Bendigo Bank, BSB 633 000, Account name: PIMHAG, A/C 159004712		
WOULD YOU BE WILLING TO HELP WITH FUNDRAISING ACTIVITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		