



Holistic Healthcare Network Inc

Email: admin@hhn.org.au

Web address: www.hhn.org.au

Postal address: 95 Lockyer Ave Centennial Park 6330

Application for membership of an incorporated association

Name:

Phone number:

Email address:.....

Web address:.....

Postal/workplace address:.....

Therapies/qualifications:.....

Registered professional organisation (if applicable):.....

Nominating member.....

Signature:..... Date:.....

Nominator's Signature.....

Payment Details

- Direct Deposit** – deposit payment into Holistic Healthcare Network Account
- Cash**
- Cheque** – payable to Holistic Healthcare Network Inc.

BSB: 633 000 Account No: 160669677
(include your name in the payment details as a reference)

Please return this form via email or to a committee member along with your membership fees

Tick box if you **do not** consent to your photo from events being used to for social media.

INFORMATION for APPLICANTS

- If your application is accepted, under section 53(2) of the Act the register of members must include each member's name and a residential, postal or email address. This register of members is available to other members, upon request.
- **Holistic Healthcare Network Inc Annual Fee Payable (\$10.00)** upon acceptance of application.
- You can correct personal information (your name, address and affiliated organisation) by contacting the Association as indicated above.
- If your application is accepted you will be supplied a copy of the Holistic Healthcare Network Inc. Constitution, the Bylaws and the Code of Conduct and you agree to abide by them.