

**REQUEST TO BECOME A MEMBER OF  
SOUTHERN HIGHLANDS COMMUNITY HOSPICE LIMITED**

To: The Secretary  
Southern Highlands Community Hospice Limited  
ACN 618 959 596

1	I hereby apply to become a member of Southern Highlands Community Hospice Limited ( <b>company</b> ). As a member, I will support the purposes of the <b>company</b> and agree to comply with the company's constitution including clause 4, a guarantee to contribute up to a maximum amount of \$20 to the assets of the company if it is wound up while I am a member or within one year afterwards, and at the time of winding up the debts and liabilities of the <b>company</b> exceed its assets.	
2	I give notice of the following personal details:	
	Full name:	
	Residential address:	
	Alternate address for the service of notices:	
	Email address:	
	Telephone numbers:	
3	Dated:	
	Signed:	
	Please turn over and complete	

*Office use only*

<i>Application tabled at directors' meeting held</i>	<i>Date:</i>
<i>Directors confirmed applicant is eligible for membership</i>	<i>Yes/No:</i>
<i>Entered on register of members</i>	<i>Date:</i>



# Southern Highlands Community Hospice

## ***Supporting Palliatives Care Services in the Southern Highlands***

**Southern Highland Community Hospice Members** are ambassadors for the organisation, providing active, positive help to fund a range of services that will enable compassionate support for people of the Southern Highlands Community requiring palliative care.

**SHCH Governing Document:** <https://www.acnc.gov.au/charity/charities/3c3f7a14-39af-e81161-000d3ad24182/documents/>

**Please explain briefly, below, why you wish to become a member of the Southern Highlands Community Hospice. Please include a brief overview of your relevant skills, experience, and interests. Thank you**

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