 HealthServe Australia Inc  
  
PO Box 247  
Cherrybrook NSW 2126  
(02) 8911 1970

**Application for Membership**

I…………………………………………………………………………………………………………

Of…………………………………………………………………………………………………………………………………………

Being in agreement with the statement of purposes of the HealthServe Australia Inc, desire to become a member of HealthServe Australia Inc.

In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

Signature of applicant…………………………………………………………………………………………………………….

Date……………………………………………………………………………………………………………………………………….

I,……………………………………………………………………………a member of the association,

Nominate the applicant, who is personally known to me, for membership of the association.

Signature of proposer……………………………………………………………………………………………………………

Date……………………………………………………………………………………………………………………………………….

I,……………………………………………………………………….a member of the association,

Second the nomination of the applicant, who is personally known to me, for membership of the association.

Signature of seconder………………………………………………………………………………………………………..

Date………………………………………………………………………………………………………………………………………