



## **APPLICATION FOR MEMBERSHIP - INDIVIDUAL**

Thank you for your interest in becoming a member of the Lishman Health Foundation. Membership is encouraged from supporters of the Foundation and is subject to approval of the Board.

The Board reports to and is answerable to the membership in terms of our Constitution. Members do not incur any cost, subscription, expectation or legal liabilities. Members will receive periodic progress reports and are invited to nominate, and vote, at the AGM for incoming Board members. Should your application be successful, you will be notified via email and placed on our membership register.

Regards,

Fionnuala Hannon  
***Chairperson***

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### **MEMBERSHIP APPLICATION FORM - INDIVIDUAL**

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Preferred Phone Contact: \_\_\_\_\_

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Office Use: Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Confirmation details: \_\_\_\_\_

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