



APPLICATION FOR MEMBERSHIP - ORGANISATION

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

MEMBERSHIP APPLICATION FORM – ORGANISATION

Organisation Name: _____

ABN / ACN: _____

Postal Address: _____

Contact Name: _____

Position: _____

Postal Address: _____

Email: _____

Preferred Phone Contact: _____

Office Use: Approved: _____ Date: _____ Confirmation details: _____

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