

## cohealth membership information

cohealth is one of Australia's largest community health organisations, providing services to the most disadvantaged members of the community across Melbourne's northern and western suburbs. cohealth is an independent not for profit organisation and welcomes applications from people interested in becoming a member.

cohealth members are entitled to:

- receive an invitation to meetings of members including the Annual General Meeting,
- nominate for vacancies to the Board of Directors, and
- vote at the Annual General Meeting or any Special General Meetings.

The following information summarises application requirements and conditions of membership. Should you have any queries, please don't hesitate to contact the Board Secretary at [secretary@cohealth.org.au](mailto:secretary@cohealth.org.au).

### cohealth Member Application Requirements

Applicants must be an eligible person. As described in the Constitution, an eligible person means an individual human being who is not an employee of the Company and who, in the Board's opinion, satisfies at least one of the eligibility criteria. The eligibility criteria are:

- live, work or study in the community where the cohealth provides services,
- previously or currently receiving services from cohealth,
- demonstrated interest in cohealth which the Board considers to be necessary or desirable to further the Company's objects (as set out in Clause 2 of the Constitution).

### cohealth Membership Conditions

- cohealth Ltd (trading as cohealth) is a public company limited by guarantee governed by a constitution and the Corporations Act 2001.
- cohealth does not charge an application fee or an annual subscription for Membership.
- Under the Company Constitution the liability of Members is limited. In applying to become a member of cohealth you understand that you undertake to contribute \$5.00 to the assets of the Company if it is wound up while you are a Member, or within one year afterwards, for payment of the company's debts and liabilities contracted before you ceased to be a Member; and costs and expenses of winding up.
- Members are required to comply with the Company Constitution. To obtain a copy of the Constitution, please email: [secretary@cohealth.org.au](mailto:secretary@cohealth.org.au) .
- A Member has the right to receive notices of, to attend and to be heard at any general meeting, and has the right to vote at any general meeting.

- A Member's membership ends at the close of the next AGM that is held in an odd numbered year, such as 2019, 2021, 2023. Members will be asked to reapply to renew their membership from the close of that year's AGM. If a Member fails to apply to be readmitted to membership, the Member's membership will end automatically.
- A Member may resign from membership of the Company by giving written notice to the Secretary. The resignation of a Member is deemed to take effect from the date of receipt of the notice of resignation or such later date as is provided in the notice. The resignation does not limit the Member's liability under the Constitution.

### cohealth Membership Process

- Eligible persons submit a cohealth Member Application to the Board Secretary.
- cohealth Board review the membership application at the monthly Board Meeting (except January).
- The outcome of the membership application is notified to the applicant following the Board Meeting.
- Member applications received by the 15<sup>th</sup> of the month, will be reviewed by the Board in the same month (except January). Member applications received on or after the 15<sup>th</sup> of the month, will be reviewed by the Board in the month following receipt.
- Members to notify the Board Secretary in writing if their address changes. Contact details below.

**Please submit your member application to the Board Secretary.**

Mail: Board Secretary  
cohealth  
90 Maribyrnong Street  
Footscray VIC 3011

Email: [secretary@cohealth.org.au](mailto:secretary@cohealth.org.au)

## cohealth Member Application

cohealth Member Application Requirements & Conditions are detailed overleaf.

### Member Details

<b>Name</b>	
<b>Residential Address</b>	
<b>Postal Address (if different from residential address)</b>	
<b>Phone</b>	
<b>Email</b>	

**Eligibility Criteria** - please tick all criteria that apply to you.

- (a) I live, work or study in the community where the Company provides services.
- (b) I receive or have received services from the Company.
- (c) I have a demonstrated interest in the Company which the Board considers to be necessary or desirable to further the Company's purpose (as set out in clause 2 of the Constitution).

Tick as relevant
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**Please describe below how you meet the eligibility criterion/criteria you have ticked above.**

I \_\_\_\_\_ (the applicant) declare that I understand and agree to comply with the cohealth Membership conditions (attached) and that I meet the eligibility criteria as indicated above.

**Signature of applicant**

**Date**

**cohealth admin use**

Date received	Membership Criteria met
Date of Board appointment	Member register updated