

## APPLICATION FOR MEMBERSHIP

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The purpose of SEHCP Inc. trading as enliven, is to promote the prevention and control of diseases in human beings by:

(a) enabling partnerships of health and social service organisations to be more effective in preventing and controlling diseases in human beings;

(b) improving the social determinants of health on a population-wide basis in order to prevent and control diseases in human beings;

(c) increasing the ability of carers, families and communities to prevent and control diseases in human beings; and

(d) identifying, preventing and controlling newly arising issues in our community that contribute to diseases in human beings.

The secondary purposes of SEHCP Inc. (trading as Enliven Victoria) are:

1. to prevent health conditions and social disadvantage and vulnerability through improving social determinants of health on a population-wide basis;
2. to increase the ability of carers, families and communities to prevent, respond to and support health conditions;
3. to identify and support newly arising issues in our community that contribute to health or ill-health;
4. through shared approaches to planning, to increase the efficiency and collective impact of organisations;
5. to create and distribute effective models of practice, sponsor and translate relevant research findings, and provide multi-disciplinary and inter-sectoral education and workforce development;
6. to influence the formation and implementation of government and organisational policies to increase the integration and co-ordination of services and encourage initiatives for health-related community development;
7. to improve the social determinants of health and to build community and individual capacity to prevent health conditions, respond effectively to these, and offer appropriate support; and
8. to raise, receive and distribute funds in a manner that best attains these purposes.

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## MEMBERSHIP CATEGORIES AND ELIGIBILITY

SEHCP Inc. has 2 categories of membership:

**A. ORGANISATIONAL MEMBERS:**

Not for profit bodies that support the purposes of SEHCP Inc. (includes government bodies)  
Voting members.

**B. ASSOCIATE MEMBERS:**

Any other individual or body that supports the purposes of SEHCP Inc. is eligible to be an associate member.  
A non-voting member.

Note: “body” includes incorporated and unincorporated bodies, and parts of incorporated and unincorporated bodies.

An unincorporated body, or part of an incorporated or unincorporated body may only become a member by nominating an individual or incorporated body to be a member on its behalf.

## APPLICATION APPROVAL

Applications for membership are subject to SEHCP Inc. Board approval. Applicants will be notified in writing whether the application has been approved or rejected.

## MEMBERSHIP SUBSCRIPTIONS

The membership period is 1st July to 30th June each year. A membership subscription will be applied on a pro-rata basis (to the current quarter) where membership commences during the financial year. The annual subscription is \$50 for all members. Upon acceptance of membership by SEHCP Inc., an invoice will be issued to the applicant via email or post.

## APPLYING FOR MEMBERSHIP

To apply to become a member please complete the attached membership form.  
On completion please return to SEHCP Inc. either via email or by post as listed below:

**EXECUTIVE OFFICER**  
SEHCP Inc.  
Suite 4/31 Robinson Street  
Dandenong Victoria 3175

**Email:** info@enliven.org.au  
**Telephone:** 03 9791 1768

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To: Executive Officer, SEHCP Inc.

Please find herewith the application of \_\_\_\_\_

*(Organisation or individual name)*

For Membership of SEHCP Inc. in the following category:

- Organisation
- Associate

On acceptance into Membership, I consent to:

- Supporting the purposes of SEHCP Inc.; and
- Complying with the constitution and regulations\* *(including the Code of Conduct\*)* of SEHCP Inc.

On acceptance into membership, I consent to the "Member Name" to be listed on SEHCP Inc. website and publications.

- Yes
- No

Signed \_\_\_\_\_

*Signature of Applicant (if an individual) or Corporate Representative of the Applicant (if an organisation)*

## APPLICANT DETAILS & PROFILE

### A. FOR AN ORGANISATION APPLICANT

- Yes I am a not for profit body (includes government bodies)

Legal Name of Organisation: \_\_\_\_\_

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

*(if different from legal name)*

Street/Postal Address \_\_\_\_\_

Main Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_

ABN/ACN \_\_\_\_\_

Organisational Profile \_\_\_\_\_

*(include description of main*

*Services – provide additional*

*pages if required)* \_\_\_\_\_

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## ORGANISATION APPLICANT CHIEF EXECUTIVE OFFICER DETAILS

Full Name: \_\_\_\_\_  
Address \_\_\_\_\_  
*(if same as organisation, write "as above")* \_\_\_\_\_  
Daytime Telephone \_\_\_\_\_ Mobile \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

## ORGANISATION APPLICANT CORPORATE REPRESENTATIVE DETAILS

*(Note these are the contact details SEHCP Inc. will use for membership related details and also the details of the person nominated to vote on behalf of the organisation. If this is also the CEO please put "as above")*

Full Name: \_\_\_\_\_  
Address \_\_\_\_\_  
*(if same as organisation, write "as above")* \_\_\_\_\_  
Daytime Telephone \_\_\_\_\_ Mobile \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

## B. FOR AN ASSOCIATE APPLICANT

Any other individual or body.

Legal name of applicant: \_\_\_\_\_  
*(individual or body)*

Member Name: \_\_\_\_\_  
*(if different from legal name)*

Street/Postal Address \_\_\_\_\_  
\_\_\_\_\_

Main Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

Website *(if applicable)* \_\_\_\_\_

ABN/ACN *(if applicable)* \_\_\_\_\_

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Organisational Profile \_\_\_\_\_

*(if applicable)* \_\_\_\_\_

*(include description of main* \_\_\_\_\_

*Services – provide additional* \_\_\_\_\_

*pages if required)* \_\_\_\_\_

Background and profile of applicant if an individual *(This is to assist SEHCP Inc. to understand your range of interests)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ASSOCIATE APPLICANT CEO DETAILS *(if relevant)*

*(Note these are the contact details SEHCP Inc. will use for membership related details)*

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

Address \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

## ASSOCIATE APPLICANT REPRESENTATIVE DETAILS

*(Note these are the contact details SEHCP Inc. will use for membership related details)*

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

Address \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Thankyou for taking the time to complete this form