THE BAYS

Membership Application

MEMBER BENEFITS

HOSPITAL BENEFITS

- A discount of up to $250 per admission on out-of-pocket expenses (hospital charges not covered by health insurance).
- Priority admission where possible to The Bays Aged Care at Hastings.

GENERAL BENEFITS

- Invitations to special events and official openings.
- Copies of our newsletter and corporate publications.
- Have your say in helping us improve.
- Voting rights at General Meetings.

ANNUAL FEE

- Membership of The Bays is $50 a year for individuals or $100 a year for couples/ families, renewable each July.

A. YOUR DETAILS (Primary member)

Title (please circle): Miss Ms Mrs Mr Dr Other:	
First name:	
Surname:	
Date of birth: / /	Gender (please circle): Female Male

B. CONTACT DETAILS

Address:		
Suburb:	State:	Postcode:
Home phone:	Mobile:	
Email:		

C. MEMBERSHIP TYPE (please tick)

☐ Individual $50 – paid to 30 June	☐ Family $100 – paid to 30 June

D. ADDITIONAL MEMBER DETAILS (for family memberships only)

Please enclose a separate sheet if necessary.
Children will be covered under a family membership until their 21st birthday.

Surname	First name	Date of birth	Gender M/F	Relationship

Membership Application (continued)

E. PAYMENT DETAILS

I would like to pay by (please tick): ☐ Cash ☐ Visa ☐ Mastercard ☐ Cheque/Money order*

* Please make your cheque out to The Bays Healthcare Group

Card number: (please use squares)															
Cardholder:												Expiry: /			
Signature:															

Payment will not be processed until your application is approved.

F. DECLARATION BY NEW PRIMARY MEMBER

Please read and acknowledge the following:

- I declare that the information provided in this form is true and correct.
- I have authority to sign on behalf of all members on this policy (if relevant).
- I agree to be bound by the Rules of The Bays Healthcare Group Inc. as amended from time to time. The rules are online at www.thebays.com.au or a copy is available on request by calling 03 5970 5339.

Signature:	Date: / /
Print name:	

G. NOMINATION BY CURRENT MEMBERS

Membership applications need to be endorsed by two current financial members (The Bays can assist with having your application endorsed).

PROPOSER

I nominate the applicant, whom I believe is a suitable person to become a member of The Bays.

Signature:	Date: / /
Print name:	

SECONDER

I nominate the applicant, whom I believe is a suitable person to become a member of The Bays.

Signature:	Date: / /
Print name:	

Mail your completed application form to: **Membership, The Bays Healthcare Group, Reply Paid 483 Mornington VIC 3931**, or scan and return it by email to **membership@thebays.com.au**

A staff member from The Bays will be in touch once your application has been received. Your application will be put forward for endorsement by the Board of Directors at the next monthly Board meeting.

For more information please call 03 5970 5339