

# FLINDERS OVERSEAS HEALTH GROUP

## GENERAL MEMBERSHIP APPLICATION

NAME:.....

DOB:.....

ADDRESS:.....

.....POST CODE:.....

MAILING ADDRESS (if different to above):

.....

.....POST CODE:.....

TELEPHONE: (H).....

(W).....

(M).....

Email:.....

Profession:.....

Special interests/skills:.....

.....

Area/s you would like to help in (tick boxes)

Volunteer for overseas trips	
Administration support	
Committee member	
Fund raising	
Other (please list)	

Where did you hear about FOHG?

Friend	
Work colleague	
Internet	
Newspaper	
FOHG Website	
Other (please list)	

Signature:.....Date:.....