



LA TROBE RURAL HEALTH CLUB (LARHC)

Membership Form

Please print clearly

Please tick the appropriate box:

Membership renewal (\$5)

New Member (\$10)

Please fill in your details below:

Family Name:.....

Given Name:.....

Date of birth: ____/____/____

Student ID Number: .. Gender

Address:.....

.....

Phone Number:.....

Email address:

Most of LARHC's communication about upcoming events, meetings, conferences etc is through email.

If you do not wish to receive email updates from the club please tick this box:

LARHC receives a majority of it's funding from the government. As part of our funding arrangement we are required to provide club demographics. Individual information is not given.

PTO

Please complete the following questions:

Are you an:

Undergraduate student

Postgraduate student

Staff Member

An overseas student

Yes

No

If yes, what is your country of origin?.....

What course are you currently enrolled in:

.....

What is your current year level?.....

Are you of Aboriginal or Torres Strait Islander descent?

Yes

No

Do you hold a Rural Health Scholarship?

Yes

No

If yes please specify:

.....

.....

Signature: Date:.....

Please pay Cashier at Finance who will issue a tax invoice receipt and return the completed form to any Executive member or drop it into the Faculty office, level 2 of the Health building.

WELCOME TO LARHC