



*'The Peak Industry Body for Housing Organisations in SA'*

283-285 Payneham Road, Royston Park SA 5070

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# CHCSA 2015-2016 MEMBERSHIP FORM

## MEMBERSHIP FEES (GST FREE)

(Please tick the appropriate box)

TIER 1 PROVIDER	\$1,000	<input type="checkbox"/>	TIER 2 PROVIDER	\$ 700	<input type="checkbox"/>
TIER 3 PROVIDER	\$ 400	<input type="checkbox"/>	ASSOCIATE MEMBER	\$ 400	<input type="checkbox"/>

**PLEASE POST THIS FORM WITH YOUR CHEQUE  
OR CONFIRMATION OF EFT PAYMENT TO:**

**COMMUNITY HOUSING COUNCIL OF SA INC  
283-285 PAYNEHAM RD, ROYSTON PARK SA 5070**

**EFT DETAILS – BSB: 105 034 ACCOUNT NUMBER: 058663640**

## MEMBERSHIP DETAILS

Name of Organisation/Individual \_\_\_\_\_

Short Name (abbreviation) \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ P/Code \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_ P/Code \_\_\_\_\_

Please tick the boxes below that are relevant to your organisation:

Volunteer Member Tenant Managed Provider     Housing Association     Company

Associations Inc Act 1985     Co-Operatives Act 1997     Corporations Act 2001

**TO ENSURE THE CHCSA CAN PROVIDE YOU WITH THE BEST LEVEL OF SUPPORT  
PLEASE ENSURE YOU COMPLETE ALL DETAILS ON BOTH SIDES OF THIS FORM**

## MEMBERSHIP DETAILS (cont...)

Description of Organisation (i.e. the criteria of people you provide housing for)

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Number of Properties \_\_\_\_\_ Year Organisation Formed \_\_\_\_\_

Suburbs your properties are located in include: \_\_\_\_\_

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## CONTACT INFORMATION

### **PRIMARY CONTACT PERSON:**

Name \_\_\_\_\_

Position \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

### **SECONDARY CONTACT PERSON:**

Name \_\_\_\_\_

Position \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

### **ADDITIONAL CONTACT PERSON:**

Name \_\_\_\_\_

Position \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

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