



CLIMATE<sup>AND</sup>  
HEALTH  
ALLIANCE

**MEMBERSHIP RENEWAL FORM**

NAME OF ORGANISATION: \_\_\_\_\_

CONTACT PERSON: MS/MR/MS/MISS/DR/OTHER: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DECLARATION REQUIRED FOR MEMBERSHIP:

Name: \_\_\_\_\_ declares my/our support for the CAHA

Statement of Purpose (Aim and Objectives) and agree that:

By signing the Statement of Purpose, and paying an annual fee, I/our organisation will:

(a) be listed as a member of the Alliance (or, in the case of individuals, as a member of *Friends of CAHA*);

(b) undertake to encourage others to promote action on climate change as a health issue;

(c) undertake to reduce my/our organisational environmental impact;

(d) contribute to development and future directions of the Alliance and the issues on which it engages and informs, advocates, shares and collaborates;

(e) be contacted with news of important events or publications.

Complete and return to: [convenor@caha.org.au](mailto:convenor@caha.org.au) or PO BOX 343, Clifton Hill, Vic 3068.