



CLIMATE^{AND}
HEALTH
ALLIANCE

MEMBERSHIP 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:

I/We [name]: _____ declare my/our support for the CAHA

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

By signing this form, 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: admin@caha.org.au or PO BOX 343, Clifton Hill, Vic 3068.