

Membership Application Form 2020 – 2021

(Membership is free but donations are welcome and valued - donations over \$2.00 are tax deductible)

The Women's Centre for Health Matters Inc. (WCHM) is a community-based organisation which works in the ACT and surrounding region to improve women's health and wellbeing, using social research, community development and health promotion. WCHM is managed by women, for women, is pro-choice and is funded by ACT Health.

Your Membership

WCHM encourages women, men and organisations who support the Mission, Vision and Values of WCHM to become members. WCHM membership is free and offers a variety of benefits:

- access to regular information on current activities and to new publications and reports published by the Centre
- the chance to provide input on policies and service delivery issues which affect them or other ACT women
- invitations to all activities, launches and other WCHM functions
- receipt of WCHM newsletters
- attendance and voting rights (individuals only) at the AGM
- the option to nominate to join the Board of Directors (individuals only)

Is this a membership renewal? <input type="checkbox"/>	OR	Is this a new membership? <input type="checkbox"/>
Individual Membership	OR	Organisation Membership
Name		Name of Organisation
Address		Organisation Rep Name
		Address
Telephone		Telephone
Mobile		
Email		Email
Preferred contact method (Place ✓ in selected box): Telephone: <input type="checkbox"/> Mobile: <input type="checkbox"/> Email: <input type="checkbox"/>		
Preferred method to receive published WCHM reports (Place ✓ in selected box): Mail (hard copy): <input type="checkbox"/> Email (Electronic copy): <input type="checkbox"/> View on WCHM website: <input type="checkbox"/>		
DONATIONS WCHM is endorsed as a health promotion charity, and donations of \$2 or more are tax deductible. If you would like to support us by making a donation, you can complete the following and send us a cheque made payable to Women's Centre for Health Matters Inc or go to our website and make a donation . I wish to make a donation of \$ _____ to the Women's Centre for Health Matters.		

Applicant Signature: _____ **Date:** _____

Your signature also indicates your agreement to support WCHM's Mission, Vision and Values.

Please return the completed form to WCHM by:

Emailing a scanned copy to: admin@wchm.org.au

or

Mailing it to PO Box 385, Mawson ACT 2607

More information about WCHM is available at: www.wchm.org.au or contact us at admin@wchm.org.au

WCHM Representative Signature: _____ (for WCHM to complete)
