

WOMEN'S HEALTH QLD MEMBERSHIP RENEWAL FORM

FULL NAME

ADDRESS

MOBILE

EMAIL

PLEASE TICK TYPE OF MEMBERSHIP (All GST free)

- Ordinary membership - Individual in full time paid employment - \$20.00
- Ordinary membership - Individual not in full time paid employment - \$10.00
- Organisations that support Women's Health Qld - \$30.00
- Organisations requesting a reciprocal membership arrangement - \$0.00

*Ordinary membership
entitles you to vote at the
Annual General Meeting*

SIGNED **DATE**

Optional - I would like to make a donation to Women's Health Qld of \$.....
All donations over \$2 are tax deductible.

METHOD OF PAYMENT cheque/money order credit card
(If paying by credit card please complete the authorisation below).

For Credit Card Payments:

Please charge my: MasterCard Visa

Card no.: _____ _____ _____ _____ Expiry Date: ____ / ____

CVN No. (last 3 digits on reverse of card): _____

Cardholder's name: Amount:

Signature:

Post to: Women's Health Queensland, PO Box 195, Fortitude Valley, Qld, 4006
Phone: 07 3216 0976 Email: admin@womhealth.org.au ABN: 72 319 709 756