

Any woman is eligible to become an ordinary member of Women’s Health Queensland Wide Inc (Women’s Health) subject to the conditions below. Organisations that support the objects of Women’s Health are eligible to become non-voting organisational members.

Objects:

1. To actively promote and advance the health and wellbeing of women of diverse backgrounds and needs.
2. To provide direct relief from the burden of ill health in women by supplying independent information on a range of health practices and care options.
3. To facilitate women’s decision making in relation to the prevention of control of disease and support informed access to quality care services.
4. To provide broad based education to individuals, carers, service providers and the wider community to improve women’s health and increase the capacity of others to support women’s health needs.
5. To source and disseminate information on current research and trends and participate in and support ongoing research into the prevention, causes, and treatment of disease.
6. To promote women’s health through a holistic approach that emphasises the value of a woman’s own experience and issues affecting her health and wellbeing.
7. To promote women’s health by engaging in activities that raise awareness of women’s health issues and that inform policy development processes within the wider community

Conditions:

All membership applications must be approved by the Management Committee.

Please complete:

Full name/Organisation:

Contact Person (Organisation):.....

Occupation:.....

Address:.....

..... Postcode:

Tel:

Fax:.....

Email:.....

Please tick:

I am a woman applying for membership as an ordinary member

OR

We are applying for organisational membership

New member

OR

Renewal

Membership fees

- Woman not in full time paid employment \$10
- Woman in full time paid employment \$20
- Organisations \$30

Please answer:

1) I am interested in becoming a member of Women's Health because:

.....
.....

2) I have read and support the objects of Women's Health

Yes No

3) I have been convicted of an indictable offence involving violence against women or children*

Yes No

If yes, please include brief details:

.....
.....

Signature: Date:

Donation

Please help us continue our work with women throughout Queensland.

I have enclosed a donation of \$...
(Donations of \$2.00 or more are tax deductible)

Please mail this form with a cheque to: Women's Health, PO Box 195, Fortitude Valley, QLD 4006, or complete the credit card details below:

Please charge my: MasterCard Visa

Card no.: _____

Expiry Date: ___ / ___ CVN No.(last 3 digits on reverse of card): ___

Cardholder's name: Amount:

Signature:

*It is a condition of the Constitution that this question is asked.

Membership year is 1 July to 30 June