



# GWHS Membership Application

## Valid from October 2009 - October 2010

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_ Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

New Membership

Renewal

**Full Member (Management Committee only)**

Unwaged **\$7.70**

Waged **\$11.00**

**SUBSCRIPTION (includes GST)**

Associate Member **\$10.00**

Honorary Life Member No Charge

Donation (over \$2 is tax deductible) \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

I do hereby declare my willingness to become a Member of the Gosnells Women's Health Service Incorporated.

I agree to pay the annual subscription fee by the due date and be bound by the rules of the Association. I acknowledge that my membership will lapse if after 3 months of the due date of renewal dues have not been paid.

I understand that Full Membership applications are to be approved by the Management Committee and I will abide by their decision. Associate Membership is accepted upon this application and confirmation of identification.

**INFORMATION FOR MEMBERS**

Your name and address, as provided above, **must** be recorded in a Register of Members and be made available to other members, upon request, under Section 27 of the *Associations Incorporation Act*.

You can access or correct personal information (your name and address) by contacting Gosnells Women's Health Service.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for your support.**

**OFFICE USE ONLY**

Membership Number \_\_\_\_\_ 0910

Identification eg. Driver's Licence number \_\_\_\_\_

Paid by cash (receipt number) \_\_\_\_\_ EFTPOS cheque  savings  credit

Email Address Entered in Contacts