



# Application for Membership Gippsland Women's Health Service Inc

Reg. No. A0024460W

Any woman who resides, works or studies in the Gippsland region and supports the Statement of Purpose of Gippsland Women's Health Service Inc is eligible to be a member of the Association.

Name \_\_\_\_\_

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

Telephone \_\_\_\_\_ (AH) \_\_\_\_\_ (BH) Email \_\_\_\_\_

New membership  Membership renewal

Have you changed your address in the past 12 months?  Yes  No

If yes, what was your previous address? \_\_\_\_\_

**Individual Membership** enables you to vote at the AGM and general meetings, stand for election as a member of the Council, access to library service, invitations to special functions, inclusion on our mailing list for programs, workshops and forums.

**Do you wish to receive a newsletter?**  Yes  No

**Do you wish to receive periodic email updates?**  Yes  No

- Membership is for one year only and must be renewed annually.
- There is no entrance fee or annual membership subscription.

I agree with the Statement of Purposes and wish to become a member/renew my membership of Gippsland Women's Health Service Inc for one year, ending after the Annual General Meeting 20\_\_\_. *(please complete relevant year)*

I accept that GWHS Constitution requires a register of Members be retained by GWHS and that a list of member names will be available for viewing by other GWHS members at the GWHS registered address in accordance with the Constitution and privacy legislation.

In the advent of my admission as a member of the Association, I shall at all times comply with the rules of Gippsland Woman's Health Service Inc.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Please complete and return to:

Gippsland Women's Health Service Inc  
PO Box 664, Sale Vic 3850  
Office Location:  
56B Cunningham Street, Sale Vic 3850  
Telephone: 03 5143 1600 or 1800 805 448 Fax: 5143 1224  
Email: [admin@gwhealth.asn.au](mailto:admin@gwhealth.asn.au)  
Website: [www.gwhealth.asn.au](http://www.gwhealth.asn.au)

**For Office Use Only:**

Date Received: \_\_\_\_\_ Date Entered into database: \_\_\_\_\_

Staff member: \_\_\_\_\_