

GIPPSLAND INTEGRATED FAMILY VIOLENCE SERVICE REFORM STEERING COMMITTEE

MEMBERSHIP APPLICATION FORM

APPLICANT INFORMATION

Name:

Current Position held:

Organisation:

Position located at:

Phone:

Mobile:

Fax:

E-mail:

Other details:

MEMBERSHIP CATEGORY APPLYING FOR:

FULL MEMBER

- Receipt of all communications.
- Consistent and ongoing participation in meetings (with full voting rights), consultative and planning processes and other activities, including joint projects.

NB All Membership applications will be reviewed in line with the Committee's Terms of Reference

ASSOCIATE MEMBER

- Receipt of all communications.
- Optional attendance at meetings (without voting rights).
- Participation in consultative and planning processes in relation to the Regional Family Violence Strategic Plan and other activities.

Please state the reason(s) you believe you or your program could benefit from and contribute to, the Gippsland Integrated Family Violence Steering Committee through your membership:-

SIGNATURES

Signature of applicant:

Date:

Please return this form to:

Kerry Hamer, Gippsland Family Violence Strategic Development Coordinator, Gippsland Women's Health Service, PO Box 664, Sale Vic 3850 Ph: 03- 5143 1600 fax: 03- 5143 1224 familyviolence@gwhealth.asn.au