

Gippsland Prevention of Men's Violence Against Women
Steering Committee

MEMBERSHIP APPLICATION FORM		
APPLICANT INFORMATION		
Name/s:		
Current Position/s held:		
Organisation:		
Position located at:		
Phone:	Mobile:	Fax:
E-mail:		
Other details:		
MEMBERSHIP CATEGORY APPLYING FOR:		
<p style="text-align: center;">FULL MEMBER <input type="checkbox"/></p> <ul style="list-style-type: none"> Receipt of all communications. Consistent and ongoing participation in meetings (with full voting rights), consultative and planning processes and other activities, including joint projects. 	<p style="text-align: center;">ASSOCIATE MEMBER <input type="checkbox"/></p> <ul style="list-style-type: none"> 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. 	
NB: all membership applications will be reviewed in line with the committee's terms of reference		
Please state the reason(s) you believe you or your program could benefit from and contribute to, the Gippsland Prevention of Men's Violence against Women Steering Committee through your membership:-		
SIGNATURE		
Signature of applicant:		Date:
APPLICATION OUTCOME		
Presented to Gippsland PMVAW Steering Committee Meeting		Date:
Decision:		

Signed: _____

Date: _____

Jodie Martin, Chair PMVAW Steering Committee