

MEMBERSHIP FORM

FULL NAME

ORGANISATION
(If applicable)

ADDRESS

MOBILE

EMAIL

- I am a **NEW** member
- I agree to support the aims and objectives of the association in accordance with Women's Health Queensland Constitution.***
- I am **RENEWING** my membership

PLEASE TICK TYPE OF MEMBERSHIP (All GST free)

- Ordinary membership - Individual in full time paid employment - \$20.00
- Ordinary membership - Individual not in full time paid employment - \$10.00
- Organisation membership - \$30.00

SIGNED.....**Date**.....

Optional – I would like to make a donation to Women's Health Qld of \$.....

METHOD OF PAYMENT Cheque/Money order Credit Card

(If paying by credit card please fill out the authorisation details below).

For Credit Card Payments:

Please charge my Mastercard Visa
 Card No _____ Expiry Date: -- / ----
 CVN No (last 3 digits on reverse of card) _ _ _

Cardholder's name.....Amount:.....

Signature:

Post to: Women's Health Queensland, PO Box 195, Fortitude Valley, Qld, 4006
Phone: 07 3216 0976 **Email:** admin@womhealth.org.au