



Queensland Women's Health Network Inc

ANNUAL MEMBERSHIP FORM

TAX INVOICE ABN: 11700374032

Membership of the Network is open to women's organisations and individual women in Australia who are in agreement with the Network's purpose and objectives (see website - www.qwhn.asn.au). Members receive the QWHN Newsletter three times per year plus regular email bulletins about current events and/or issues in women's health. Also visit the QWHN Facebook page for the latest news.

PLEASE USE BLOCK LETTERS (* Existing Members need only insert name, signature, and any details that have changed in the past 12 months)

NAME: _____

ORGANISATION / PROFESSION: _____

POSTAL ADDRESS: _____

State _____ Postcode _____ PHONE / FAX: _____

EMAIL: _____

WEBSITE: _____ EXISTING MEMBER NEW MEMBER

TYPE OF MEMBERSHIP: Individual Waged: **\$11.00**

Organisation: **\$33.00**

Individual Unwaged: **\$5.50**

Organisation (Reciprocal): (by arrangement only)

PAYMENT METHOD - IN ORDER TO PROCESS YOUR MEMBERSHIP THIS FORM MUST BE SIGNED AND RETURNED TO US

Cheque / Money Order Make payable to Queensland Women's Health Network Inc. and mail with this Form.

Other Please contact the Coordinator for information about other ways to pay (or if you are unable to pay): coordinator@qwhn.asn.au

Mail Membership Form to: QWHN, PO Box 1855, THURINGOWA BC, QLD 4817 or email: coordinator@qwhn.asn.au

→ **WOMEN'S HEALTH REGISTER** PLEASE COMPLETE THIS SECTION

The Network is interested to know about members' areas of interest and expertise. This information assists us in representation on committees, providing written comments on reports, and making links with members.

Specific areas of interest/expertise: (please tick as many as apply or 'All of the above')

- sexual and reproductive health
- health of ageing women
- emotional and mental health
- violence against women
- women with disability

- effects of sex role stereotyping on women's health
- Indigenous women
- women from non-English speaking backgrounds

- disadvantaged women
- rural and remote women
- ALL OF THE ABOVE
- Other (please specify): _____

If you are a member of a Committee or Advisory Board in relation to any of the above please indicate:

→ **I am interested in being considered for a voluntary position as a REGIONAL REPRESENTATIVE: YES** **NO**

Main Responsibilities: To actively promote awareness of women's health issues, participate in meetings and decision-making as a member of the QWHN Statewide Management Committee, and act as a QWHN Representative in a specific regional area. (Applicants will be considered if/when a position becomes available.)

OR

→ **I am interested in being considered for a voluntary position as a LOCAL COMMUNITY LIAISON: YES** **NO**

Main Responsibilities: To act as an informal local contact for QWHN and distribute a small quantity of QWHN Newsletters in your local community (anywhere in Queensland) within your capacity.

I/We hereby apply for new/continued Membership and agree to abide by the Purpose and Objectives of the QWHN.

SIGNATURE: **DATE:**

Do you consent to your name, as part of the membership list, being distributed for networking purposes only? YES NO

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