



GLADSTONE
**WOMEN'S
HEALTH**
CENTRE

20 Tank Street
Gladstone QLD 4680
Phone: (07) 4979 1456

Email: info@gladstonewomenshealth.org.au

Membership Application Form 2020/21

Applicant Name: _____ Year of Birth: _____

Postal Address: _____

Phone: (H) _____ (W) _____ Mobile: _____

Email: (H) _____

Email: (W) _____

Current employer (if applicable) and position: _____

Are you currently a member/volunteer/committee or board member with any other organisation including a not-for-profit? If so, please identify the organisation and your role:

What professional and/or personal skills can you offer?: _____

Where did you hear about the Centre?: _____

Please describe your motivation to join the Centre as a member:

Please select relevant:

New Membership Renewal of Membership Reciprocal membership

Signature: _____ Date: _____

Thank you for supporting the Women's Health Centre and Gladstone Region Sexual Assault Services.

Your membership application is subject to approval by the GWHC Management Committee. Factors considered as part of the approval include potential conflicts of interest; and professional or personal skill sets to assist us in the work we do. If approved as an individual member, you are eligible to vote at the Annual General Meeting and Special Meetings. Individual Members can also nominate to be on the volunteer Management Committee which provides an opportunity to be even more actively involved.

OFFICE USE ONLY:

APPROVED/NOT APPROVED AT MANAGEMENT COMMITTEE MEETING:

DATE: _____ MOVED: _____ SECONDED: _____

LETTER SENT: