



## Membership Application Form 2021/22

65 Central Lane Gladstone QLD 4680 Phone: (07) 4979 1456

Email: [info@gladstonewomenshealth.org.au](mailto:info@gladstonewomenshealth.org.au)

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

**Membership Type:**

Individual Member (voting rights)

Associate Member (No voting rights)

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.

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**OFFICE USE ONLY:**

APPROVED/NOT APPROVED AT MANAGEMENT COMMITTEE MEETING:

DATE: \_\_\_\_\_ MOVED: \_\_\_\_\_ SECONDED: \_\_\_\_\_

LETTER SENT: