



WOMEN'S HEALTH
IN THE NORTH

voice • choice • power

APPLICATION FOR MEMBERSHIP

Eligibility for membership of Women's Health in the North:

Individual Membership: Women who are no less than 18 years of age and who live, work and/or study in the northern metropolitan region (Municipalities of Banyule, Darebin, Hume, Moreland, Nillumbik, Whittlesea or Yarra).

Organisational Membership: Any health, advocacy, educational or community organisation or women's group based in the northern metropolitan region, and any state-wide group whose target groups are in the northern metropolitan region, and whose aims and purposes are not in conflict with those of Women's Health In the North as defined in the Statement of Purposes. Each group/organisation is entitled to appoint ONE female representative (nominated at the time of the application) and ONE vote.

Associate Membership: Women who are no less than 18 years of age and with an interest and commitment to the Statement of Purposes of Women's Health In the North and who do not meet the existing criteria for individual membership. Associate members do not have voting rights and require endorsement by a current individual member.

Please complete the following;

I (Your full name or name of organisational representative) wish to become a member/renew my membership (cross out whichever is not applicable) of Women's Health In the North Inc for the three-year period ending at the end of the Annual General Meeting, 20.....* (see note at the bottom of the page).

- I live in the Northern Metropolitan Region and/or
- I work/study (cross out whichever is not applicable) in the northern metro region, at

..... (Name of Organisation)

- We are an organisation who encompasses the Northern Metropolitan Region and whose aims and purposes are wholly or substantially similar to those of Women's Health in the North.

My/Our Preferred Mailing Address is (Street)

..... (Suburb) (Post Code)

(Home Ph) (Work Ph) (Mob).....

- I am applying for Associate membership and am seconded by: (current individual member's name)

- I/we am/are happy for information to be sent to me by e-mail to:

As a member of WHIN, I/we understand and support the purpose of the Service and at all times will comply with its rules. [The vision, mission and values statement is attached for your information.]

..... (Signature of applicant or Manager of Organisation)

..... (Date)

Please return this form to: Women's Health In the North (WHIN), 680 High St, Thornbury 3071

Phone: 94841 666 Fax: 9484 1844 email: info@whin.org.au Web Site: www.whin.org.au

- * **Note:**
1. Membership is for a period of three years and, except as provided in note 2, expires at the end of the third annual general meeting after enrolment.
 2. When an application is received after 30th June and before that year's annual general meeting, membership will begin on the day after that annual general meeting.

OFFICE USE		
<input type="checkbox"/> Individual	<input type="checkbox"/> Organisation	<input type="checkbox"/> Associate Member
Seconded by:		Date:
Correspondence sent:/...../.....	Form processed/Registered:/...../.....	Form Filed:/...../.....