

Membership Application Form 2010–2011

The Women's Centre for Health Matters Inc. (WCHM) is a community-based organisation which works in the ACT and surrounding region to improve women's health and wellbeing, using research, community development and health promotion. WCHM is managed by women, for women, is pro choice and is funded by ACT Health.

Our Mission

Empowering women to enhance their health and wellbeing.

Our Vision

Women can choose and access responsive, women-focused health and wellbeing services.

Our Values

- We believe that women's health and ability to live healthy lifestyles is affected by social and economic factors known as the "social determinants of health".
- We recognise that women are their own experts within their own lives.
- We respect and value the strength and diversity of women.
- We believe that women have the potential and right to manage their health and wellbeing.
- We believe in the principles of access, equity and equal opportunity.
- We develop cooperative and collaborative partnerships.
- We respect and support women's right to information and choice.

Your Membership

Women and organisations that support the Mission, Vision and Values of WCHM are encouraged to become members. The membership program enables members to:

- Vote at Annual General Meetings
- Nominate to join the Board of Directors
- Provide input on policies which might affect you or other women in your community, and
- Receive regular information on current activities and relevant issues in the method of your choice.

Membership Fees are Free

Please indicate which group you belong to:

- Women in paid work
- Women not in paid work
- Funded organisations
- Unfunded groups

Renewal form needs to be completed at the end of each financial year and membership is valid for twelve months

Your Details

Surname: _____

Given Name: _____

Organisation (organisational membership only): _____

Address: _____

_____ Post Code _____

Phone (Home): _____ (Work): _____ (Mobile): _____ Email: _____

_____ Preferred contact method _____

Preferred method to receive information (Place ✓ in selected box):

Mail (hard copy) : Email (Electronic copy):

Applicant Signature: _____ Date _____

Your signature also indicates your agreement to support the WCHM guiding statements namely the Mission, Vision and Values.

WCHM Representative Signature : _____

Please return completed form to

WCHM: PO Box 385, Mawson ACT 2607
(02) 6290 2166 (P) (02) 6286 4742 (F)
admin@wchm.org.au
http://www.wchm.org.au