

Membership Application Form 2008–2009

Our Mission

The Women's Centre for Health Matters (WCHM) works to empower women in the ACT and surrounding region to enhance their health and wellbeing. WCHM is managed by women, for women, is pro choice and is funded by ACT Health.

Our Vision

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

Our Values

WCHM:

- Believes that women's health and ability to live healthy lifestyles is affected by physical, social and economic factors
- Recognises that women are their own experts within their own lives
- Respects and values the strength and diversity of women
- Believes that women have the potential and right to manage their health and wellbeing, and
- Respects and supports 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 financial members and make their voices heard. The membership program is one of "communication, information and participation" in which financial members can:

- 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

- Women in paid work \$20.00
- Women not in paid work \$5.00
- Funded organisations \$35.00
- Unfunded groups \$5.00

Renewals are due 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
admin@wchm.org.au
http://www.wchm.org.au