



4 The Avenue Midland 6056
P: 9250 2221 F: 9250 2268

MEMBERSHIP APPLICATION FORM

ABN: 24 037 849 477

Membership valid from 1st July to 30th June each year

Please Tick NEW MEMBERSHIP RENEWAL

Please Note: In order to ensure continuity of membership, fee must be paid within 2 months of expiry.

Name: _____ DOB: _____

Organisation: _____

Address: _____

Suburb: _____ Postcode: _____

Please Note: It is a legal requirement that member's names and addresses can be made available to other members.

Phone: _____ Mobile: _____

Email: _____

- | | | |
|---|--|----------------|
| ❖ | ORDINARY UNWAGED MEMBER | \$10.00 |
| ❖ | ORDINARY WAGED (EMPLOYED) MEMBER | \$15.00 |
| ❖ | ASSOCIATE MEMBER (CORPORATE/BUSINESS MEMBERSHIP) | \$25.00 |

PRIVACY ACT PERMISSION

Under the Privacy Amendment (Enhancing Privacy Protection) Act 2012 and the Australian Privacy Principles, permission to hold personal details must be granted by all persons, who are not paid staff members of Midland Women's Health Care Place.

I hereby grant permission to Midland Women's Health Care Place to hold my personal details including my name, home and email address, phone number and any other information required to keep my membership updated and to advise me of programs and other services offered.

The information is to be used for the primary purpose of maintaining membership and services. My personal details (except for the legal requirement for other members to have access to name and address only), are not to be divulged to anyone outside Midland Women's Health Care Place without my written permission.

I agree to accept the Objects and Code of Ethics of MWHCP.

Name: _____ Signature: _____

Date: _____

We also gratefully accept donations which can be receipted with a tax deductible receipt.

Please make all cheques payable to: Midland Women's Health Care Place