

**Membership Form**

**WOMEN'S HEALTH IN THE SOUTH EAST INC.**  
**15 Scott Street, Dandenong Vic 3175**  
**Phone: 9794 8677 Fax: 9793 1866**



I,..... (full name of applicant)  
..... (street)  
..... (suburb) .....(postcode)  
(tel: no)..... (b.h.) ..... (a.h.).....  
(e-mail).....  
(mobile).....

agree with the Statement of Purpose and wish to become a

New Member

Renew my Membership

of Women's Health in the South East Incorporated for the period ending 30<sup>th</sup> June.

**Signature of applicant:** ..... **Date:** .....

Membership is for the current year only and expires at the end of every financial year on June 30<sup>th</sup>. Membership is free of charge.

If you wish to vote at the next Annual General Meeting, you must renew your membership at the end of every financial year. Please note that becoming a member or renewing your membership after June 30th precludes Council nomination, voting in elections, general meetings and the Annual General Meeting (AGM).

As a member of the Association I shall at all times comply with the rules of the service.

I accept that Women's Health in the South East's Constitution requires that my name, address and date of entry into membership shall be kept in a membership register and that this is available for inspection by the members at the address of Women's Health in the South East for the purposes of the association.

Are you happy to receive information from WHISE though email? Yes / No

Are you happy to receive information about other programs and projects that WHISE is involved in? Yes / No

**Reg.No. AOO26387C**

**ABN NO. 90641895966**

**Interests:**

Please tick if you are interested in, or have expertise in any of the following areas?

- |   |  |
|---|--|
| <input type="checkbox"/> Young Women's Health         | <input type="checkbox"/> Older Women's Health        |
| <input type="checkbox"/> Multicultural Women's Health | <input type="checkbox"/> Women with Disabilities     |
| <input type="checkbox"/> Lesbian Health               | <input type="checkbox"/> Emotional and Mental Health |
| <input type="checkbox"/> Koori Health                 | <input type="checkbox"/> Peer Educators              |

Are there any women's health issues that you are particularly interested in?

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**Volunteering:**

Please tick if you are interested in being involved in WHISE in a voluntary capacity:  
Previous experience is not required.

- |  |  |
|--|--|
| <input type="checkbox"/> Administration  | <input type="checkbox"/> Home visiting for newly arrived refugee women |
| <input type="checkbox"/> Violence prevention workshops to young secondary school women |  |

Do you have skills in any of the following areas? Please tick.

- |   |  |
|---|--|
| <input type="checkbox"/> Newsletter production                          | <input type="checkbox"/> Fundraising     |
| <input type="checkbox"/> Library  | <input type="checkbox"/> Computer skills |
| <input type="checkbox"/> Reception/office skills                        |  |
| <input type="checkbox"/> Handy person (which areas)                     |  |
| <input type="checkbox"/> Speaking/writing a language other than English |  |

Other \_\_\_\_\_

**WHISE Council:**

Are you interested in WHISE Council? Meetings are held once per month at WHISE.

Please tick  Yes  No

How did you hear about WHISE?

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