



WOMEN'S HEALTH
GOULBURN NORTH EAST

Challenging inequity, embracing diversity.

Incorporation Number: A0039392E

Membership for _____ (Insert Year)

Application **OR** Renewal

Membership is free and subject to Board approval

Category 1: Individual:

[An individual member must be a woman over 18 years of age]

Your Full Name: _____

Address: _____

Town: _____ Postcode: _____

Phone (AH): _____ (BH): _____ Mobile: _____

Email: _____ or I do not have an email address

OR

Category 2: Organisation:

[Organisations must be represented by a woman over 18 years of age]

Name of Organisation: _____

Contact Person: _____

Address: _____

Town: _____ Postcode: _____

Phone (BH): _____ Mobile: _____

Email: _____ or I do not have an email address

In line with our environmental goals, all WHGNE correspondence will be sent via email. By signing this Membership Form, you are agreeing to receive emails from WHGNE, which will include information regarding the official business of the Association (e.g. Notice of AGMs), and will also include newsletters, invitations and materials related to our work. Please indicate above if you do not have an email address, and we will arrange for your mail to be sent by post.

- I/we desire to become a member, or renew my/our membership, of the organisation for the year ending at the _____ (Insert Year) Annual General Meeting.
- I/we support the Purposes of the Association, and agree to comply with the Rules of Women's Health Goulburn North East Inc.
- I/we agree that all women should have the right to make informed choices and the right to control their own bodies in every aspect of health and wellbeing.

Signature: _____ Date: _____

I, as a member of the organisation hereby nominate the applicant, who is personally known to me, for membership of Women's Health Goulburn North East Inc.

Signature: _____ Date: _____

I, as a member of the organisation, second the nomination of the applicant, who is personally known to me, for membership of Women's Health Goulburn North East Inc.

Signature: _____ Date: _____

WOMEN'S HEALTH GOULBURN NORTH EAST INC.: PURPOSES OF THE ASSOCIATION

Women's Health Goulburn North East Incorporated is a dynamic, independent, feminist organisation committed to improving the health, safety and wellbeing of women in the Goulburn Valley and North East Victoria. We are dedicated to promoting the health outcomes of all women, and to improving the delivery of health and community services for women in our local community. We acknowledge and affirm the diversity, capability, strength, and resilience of women, and work to build on these strengths to achieve safer, fairer and more equitable social, environmental and economic outcomes for women. To achieve this goal, we:

- Research women's experiences of health to raise awareness, change attitudes, and influence service response.
- Are alert to the political environment, and work to uphold and advance women's rights by influencing policy & planning.
- Provide professional training and education to develop skills and resources that empower local women, communities and service providers.
- Implement a range of integrated health promotion activities across the Hume region.
- Work in strong collaboration with women, organisations and communities.

Please complete and return this form to: Women's Health Goulburn North East, PO Box 853, Wangaratta, 3676