Wide Bay Women's Health Centre Jnc. 8 Truro St, Torquay | PO Box 5003, Torquay, Qld 4655 | Phone: 07 4125 5788 | Fax: 4125 5911

Email: info@wbwhc.org.au

2022-2023 MEMBERSHIP FORM

Renewal	New 🛛	Member No:			
Name:					
Address:		Postcode:			
Phone:		Email:			
Membership Fee to	o 30 th June 2023:	\$5.00	Cash 🛛	Cheque 🛛	
EFT 🗖 🛛 Ban	k details are as follows:	s: BSB: 633-000 ACC NO: 162466502			
Special Interest Area	:				
I agree with, and s	upport the aims and phi	losophy of th	ne Wide Bay Womer	n's Health Centre Inc.	
Signed:	igned: Date:				
PROPOSED BY:	PrintName		Signature	e	
SECONDED BY					
SECONDED DI.	PrintName			Signature	
		Office Use Onl			
Receipt No:	Amoun	ıt:	Member	· No:	
Receipted By:		Signed:			
	Print Name	_		nature	
Date Entered:		-			
	Manag	ement Commit	tee Use Only		
Ratifiedby:	Print Name Signed	d:S	ignature	te:	

For Women By Women