



# Wide Bay Women's Health Centre Inc.

## 2024 - 2025 MEMBERSHIP FORM

Renewal  New

Member No: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Membership Fee to 30<sup>th</sup> June 2025 \$5.00 Cash  EFT

Bank details are as follows: **BSB: 633-000 ACC NO: 162466502**

**Please use your name as a reference**

Special Interest Area: \_\_\_\_\_

I agree with, and support the aims and philosophy of the Wide Bay Women's Health Centre Inc.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Only complete for new member, not renewal**

**PROPOSED BY:** \_\_\_\_\_  
Print Name Signature

**SECONDED BY:** \_\_\_\_\_  
Print Name Signature

*Office Use Only*

Receipt No: \_\_\_\_\_ Amount: \_\_\_\_\_ Member No: \_\_\_\_\_

Received By: \_\_\_\_\_ Signed: \_\_\_\_\_  
Print Name Signature

Date Entered: \_\_\_\_\_

*Management Committee Use Only*

Ratified by: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name Signature