



Wide Bay Women's Health Centre Inc.

2025-2026 MEMBERSHIP FORM

Renewal ☐

New ☐

Member No: _____

Name: _____

Address: _____ Postcode: _____

Phone: _____ Email: _____

Membership Fee to 30th June 2026 \$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: _____
Name Signature Print

Office Use Only

Receipt No: _____ Amount: _____ Member No: _____

Receipted By: _____ Signed: _____
Print Name Signature

Date Entered: _____

Management Committee Use Only

Ratified by: _____ Signed: _____ Date: _____
Print Name Signature

For Women By Women