

Application for Membership of the Association

Applicant Details			
First name		Last name	
Occupation			
Home address		Postcode	
Email address			
Contact number			

I hereby apply to become a member of Penrith Women's Health Centre. In the event of my admission as a member, I agree to uphold the Vision and Principles of Penrith Women's Health Centre and to adhere to its Constitution and Policies by which it is governed.

Signature		Date	
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Nominator			
First name		Last name	
I am a member of the Association and hereby nominate the above applicant for membership of PWHC Inc.			
Signature		Date	

Secunder			
First name		Last name	
I am a member of the Association, and second the above nomination for membership of PWHC Inc.			
Signature		Date	

PAYMENT METHOD

Yearly membership fee is \$1.00.

Payment can be made by:

Direct Deposit	Account Name:	Penrith Women's Health Centre
	BSB No:	313 140
	Account Number:	12390421

On your transfer, please state in the 'Description' your **NAME**. This is required for receipt/office use.

Penrith Women's Health Centre may occasionally seek the support/input of its members on specific issues. Would you be prepared to assist us?

YES NO

Office Use Only

Membership fee of \$1.00 has been paid with receipt issued	Yes <input type="checkbox"/>	Signed for PWHC	
Ratified by PWHC Management Committee Member	Yes <input type="checkbox"/>	Signature	