



Australian Women's Health Network Membership Form

ABN 84 238 300 000

TAX INVOICE

Please use this as your tax invoice as organisations will not be separately invoiced.
The information you provide us with will only be used for AWHN business.
Your contact details will not be sold or distributed to other organisations.

The following items are compulsory.
Email is the major form of communication with AWHN members.

Is this a membership renewal? <input type="checkbox"/>	Or a new membership? <input type="checkbox"/>
--	---

Individual Members	
Name	
Address	
Telephone	()
Fax	()
Email	

Organisation Members	
Organisation	
Contact Name	
Address	
Telephone	()
Fax	()
Email	

Signed: _____

Date: ____ / ____ / _____

Payment details (membership includes GST)	Amount
Individual waged	\$22
Individual unwaged	\$11
Organisation	\$55
Total enclosed	\$
Please note: Membership is for one year and is due on 1 st July	

Optional: Tick if you are an Aboriginal woman and would like to belong to the AWHN Aboriginal Women's Caucus.

More information is available at: www.awhn.org.au or email us at awhn@awhn.org.au

Send a money order or cheque with this form to:

Australian Women's Health Network
GPO Box 1160
Melbourne VIC 3001

Internet banking option:

(please email a copy of receipt)
BSB: 032-727
Account Number: 112835
Account Name: Australian Women's
Health Network