



# Australian Women's Health Network Membership Form 2009-2010

ABN 84 238 300 000

## TAX INVOICE

Please use this as your 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"/>
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Individual Members	
Name	
Address	
Telephone	( )
Fax	( )
Email	

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

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Payment details (membership fee includes GST)		Amount
Individual	\$33	\$
Student/Concession	\$11	\$
Organisation	\$77	\$
Total enclosed		\$

Please note: Membership is for one year and is due on 1<sup>st</sup> 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](http://www.awhn.org.au) or email us at [awhn@awhn.org.au](mailto:awhn@awhn.org.au)

Send a money order or cheque with this form and please make cheque payable to:  
Australian Women's Health Network  
GPO Box 1160  
Melbourne VIC 3001

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

6th National Australian Women's Health Conference  
Hotel Grand Chancellor  
Hobart, Tasmania.  
18-21 May, 2010.