



**Application for Membership
Women's Centre for Health and Wellbeing (Albury-Wodonga) Inc.**

I,
Name of applicant

of
Address of applicant

Optional

Phone:.....

Email:

I hereby apply to become a member of the above named incorporated association. In the event of my admission as a member, I agree to be bound by the rules of the association. The constitution is available at the Centre.

.....
Signature of applicant

.....
Date

Please send me the quarterly newsletter by: POST or EMAIL (please circle)

Return application by:

Post.....Women's Centre, PO Box 1076, Albury 2640

Fax.....60401726

Scan and email.....email@womenscentre.org.au

or

drop it in to 645 Olive Street Albury.

Membership is **FREE**

Women's Centre Staff and Board of Management thank you for your support.