



Members will receive the Newsletter, Invitations to our Events and are eligible to join the Committee of Management.



WOMENS CENTRE FOR HEALTH AND WELLBEING ALBURY-WODONGA INC. APPLICATION FOR MEMBERSHIP

I, _____
Name of applicant

of _____
Address

Town _____ Post Code _____ Telephone _____

Email _____

I would hereby like to 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 newsletter by: Email

I wish to donate \$_____ (See bank details)

**Womens Centre for Health and Wellbeing
Albury-Wodonga Inc.**

A: 526 Swift Street, Albury NSW 2640
P: (02) 6021 5773
E: administration@womenscentre.org.au

Membership Fee

Annual Fee: \$40.00

Payable to: Women's Centre for Health and Wellbeing Albury-Wodonga Inc.

Amount: \$40.00

BSB: 640 000 (Hume Bank)

Acct No: 111258732

Ref: Your Name

(If this causes undue financial hardship please contact us for membership)