



**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

Membership Fee

1 x Administration fee of \$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)

The Women's Centre for Health and Wellbeing Albury Wodonga INC.

526 Swift Street Albury, NSW 2640

(02) 6021 5773

administration@womenscentre.org.au

www.womenscentre.org.au