

**Application for Membership
 of the Central West Women's Health
 Association Centre Incorporated**
(Incorporated under the Associations Incorporation Act 2009)

20 William Street
 Bathurst NSW 2795
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 Fax: 02 6332 4310
 information@cwwhc.org.au
www.cwwhc.org.au

I, (Full Name of Applicant)

Of (Address)

Occupation:

Phone: Email:

Hereby apply to become a member of the above-named incorporated association.

Signature of Applicant: Date:

Membership Fee:

Following approval of my membership by the Board, I agree to pay the annual membership fee of \$10.00 and agree to be bound by the association's constitution.

CWWHC Member Proposers

I, a member of the CWWHC Association, nominate the applicant to membership of the Association.

Signature of Nominator: Date:

I, a member of the CWWHC Association, second the nomination of the applicant to membership of the Association.

Signature of Secunder: Date:

CWWHC Use Only

Approved at Board Meeting: (Date)

Membership paid: (Date) Receipt No: