Application for Membership of the Central West Women's Health Centre Incorporated



(Incorporated under the Associations Incorporation Act 2009)

Ι,		(Full	Name o	f Applicant)
Of				(Address)
Occupation:				
Phone:	Email:			
Hereby apply t	to become a member of the above-named incorpora	ted assoc	ciation.	
Signature of Applicant:		Date:		
Membership F	Fee:			
	roval of my membership by the Board, I agree to pay ree to be bound by the association's constitution.	the annu	ual mem	bership fee of
_	ber Proposers			
_	·	a men	nber of t	he CWWHC
I, Association, I	·		nber of t	he CWWHC
CWWHC Mem	ber Proposers		mber of t	he CWWHC
I, Association, I Signature of Nominator:	ber Proposers	Date:	mber of t	he CWWHC
I, Association, I Signature of Nominator:	nominate the applicant to membership of the Associa	Date:	mber of t	he CWWHC
I, Association, I Signature of Nominator: I, Association, Signature of	nominate the applicant to membership of the Associated	Date: a men	mber of t	he CWWHC
I, Association, I Signature of Nominator: I, Association, S Signature of Seconder:	nominate the applicant to membership of the Associated	Date: a men	mber of t	he CWWHC

Please see over \rightarrow



To enable us to make best use of Members' skills, could you please indicate below how you rate yourself in relation to the skill areas below, and the areas in which you have had experience.

	Adequate	Good	Excellent
Skill areas:			
Knowledge of basic issues impacting on core business of CWWHC			
Legal and incorporation compliance requirements			
Financial management and reporting			
Staff management, WH&S and industrial relations			
Issues impacting on CWWHC client/target group			
Detailed knowledge of CWWHC core business			
Strategic planning and evaluation			
Policy development			
Promotion and PR			
Facilitating meetings and discussions			
Mediating disagreements			
Preparing budgets and estimates			
Funds development and fundraising			
Public speaking			
Areas of experience:			
Community sector			
Government			
Business			
Representation of particular groups			
Other experience you see as relevant:			
Please add anything else you feel it would be helpful for CWWH	IC members	to know,	or ways in
which you may be able to assist the Centre.			