



MEMBERSHIP APPLICATION FORM for Individuals/ Organisations/ Associations

Please complete and return to: Women's Health in the South East, 2/31 Princes Highway, Dandenong. Vic 3175
Ph: (03) 9794 8677 Fax: (03) 9793 1866 Email: whise@whise.org.au

I am a new Member
*Please fill out all of the following information

I am renewing my membership
*Please add name, update details if necessary sign and date.

Please indicate membership type applicable to you:

Individual Member
Individual members are 18 or over who live, work or study in the Southern Metropolitan Region

Organisational Member
Organisational members include women's groups, agencies and community organisations located in the Southern Metropolitan Region who share the visions and goals of WHISE as defined in the Statement of Purpose. Each group/organisation is entitled to appoint **one** female representative whom is able to submit **one** vote on behalf of the group/organisation.

Associate Member
Women with an interest in and commitment to women's health who do not meet the criteria for individual membership can apply to become associate members. Please note voting rights do not apply and you must be endorsed by a current individual member.

Personal Details:

First Name:..... Last Name:.....

Address:..... Suburb:.....

Post Code:..... Home Ph:..... Mobile No:.....

Email:.....

Preferred method of contact: Post Email

Are you happy to receive information from WHISE via email? Yes No

Membership is free and entitles you to vote, stand for election as a member of the Board, the opportunity to attend WHISE events and inclusion on our mailing list. Membership is for the current year only and expires at the end of every financial year on June 30th. If you wish to vote at the next Annual General Meeting, you **must** renew your membership before June 30th to be eligible to vote.

As a member of the Association I shall at all times comply with the rules of the service. I accept that Women's Health in the South East's Constitution requires that my name, address and date of entry into membership shall be kept in a membership register and that this is available for inspection by the members at the address of Women's Health in the South East for the purposes of the Association.

Signature of applicant: **Date:**

Interests:

Please indicate if you are interested in any of the following

- | | |
|---|--|
| <input type="checkbox"/> Young Women's Health | <input type="checkbox"/> Older Women's Health |
| <input type="checkbox"/> Multicultural women's Health | <input type="checkbox"/> Women with Disabilities |
| <input type="checkbox"/> Lesbian Women's Health | <input type="checkbox"/> Emotional and Mental Health |
| <input type="checkbox"/> Koori Health | <input type="checkbox"/> Family Violence |

Are there any other women's health issues that you are particularly interested in?

.....

.....

Volunteering:

If you would like to volunteer for WHISE please indicate areas of interest or skills you might have

- | | |
|--|--|
| <input type="checkbox"/> Administration/reception | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Home visiting for newly arrived refugee women | <input type="checkbox"/> Computer skills/IT/Social media |
| <input type="checkbox"/> Handy Person | <input type="checkbox"/> Research/online research |
| <input type="checkbox"/> Art therapy/art and craft | <input type="checkbox"/> Newsletter production |
| <input type="checkbox"/> Interpreting/language writing skills | |

Other relevant skills/experience:

.....

.....

.....

.....

WHISE Board:

Are you interested in the WHISE Board of Management? Meetings are held once a month at WHISE Yes No

OFFICE USE

<input type="checkbox"/> Individual	<input type="checkbox"/> Organisation	<input type="checkbox"/> Associate	Seconded by:.....	Date:.....
Correspondence sent:/...../.....	Updated to database:/...../.....	Forms filed:/...../.....		

Statement of Purpose

- To maintain a Women's Health Service that is community-based and run by women for women in the Department of Health – Southern Metropolitan Region.
- To ensure that the resources of the Association are used in ways that acknowledge and include women with special needs who are overlooked by the health system. The Association will offer assistance to those in disadvantaged and necessitous circumstances through the most appropriate means.
- To provide information which will assist women to have control over their bodies in every aspect of health care.
- To promote the health of women through consultancy and training to women's health groups, professional health workers and other appropriate individuals and groups.
- To monitor women's health research and collect information about the needs of women in the South-East Region. To utilise this information to initiate public debate and promote community awareness of these issues.
- To liaise with and complement other existing health services in the South-East Metropolitan Region in order to develop programs, services and methods of delivery sensitive to the special needs of women.
- To advocate for and effect improvements in the policy and service levels of health organisations in regard to women's health.
- To recognise and support principles of self help.
- To develop ways of working which are accessible, non-judgemental, give dignity and respect and give women's perspective the highest priority.
- To explore and develop an holistic view of health and a wide range of alternatives to complement traditionalist medical treatment.
- To provide a management of the Association which encourages a collective approach and full participation of all women in the decision making process.
- To advocate and support other individuals and organisations in the development and implementation of affirmative action policies and programs to redress disadvantages faced by women.
- To engage in any activity which is consistent with these purposes and which concerns women's health.