

**APPLICATION FOR MEMBERSHIP OF ASSOCIATION**

**Leichhardt Women's Community Health Centre Incorporated**

(incorporated under the *Associations Incorporation Act 2009*)

I, .....  
*[full name of applicant]*

of .....  
*[address]*

.....  
*[occupation]*

.....  
*[telephone + email]*

hereby 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 constitution of the association for the time being in force.

.....  
*Signature of applicant* *Date*

I, .....  
*[full name]*

a member of the association, nominate the applicant for membership of the association.

.....  
*Signature of proposer* *Date*

I, .....  
*[full name]*

a member of the association, second the nomination of the applicant for membership of the association.

.....  
*Signature of seconder* *Date*

**Submit this completed form to The Secretary, LWCHC, c/- email: [manager@lwchc.org.au](mailto:manager@lwchc.org.au) or PO Box 240 Leichhardt NSW 2040**

As soon as practicable after receiving a nomination for membership, the secretary will refer the nomination to the LWCHC management committee which will determine whether to approve or to reject the nomination. If the committee approves the nomination, the nominee will be asked to pay the joining fee and annual membership fee (within 28 days after receiving notification of their acceptance). LWCHC Constitution 2 (3)

The sum payable will be **\$5 joining fee and \$20 annual membership fee – waged / \$10 annual membership fee - unwaged (student, pension, retiree)**

Benefits of membership of LWCHC Association include: Voting rights, eligibility for nomination to the management committee, updates on issues affecting women's health and LWCHC and invitations to events.