**MEMBERSHIP APPLICATION FORM 2021/2022**

***Membership valid from 1st July to 30th June each year***

Please tick: New Membership [ ]  Renewal [ ]

**Name:** **DOB:**

**Organisation:**

**Address:**

**Suburb:** **Postcode:**

***Note: It is a legal requirement that member’s names and addresses can be made available to other members.***

**Phone/Mobile:**  **Email:**

**Membership Type:** Choose an item. **Donation (Optional):** Choose an item.

***We gratefully accept donations.***

**Payment Details**

***Direct Bank Deposit***: Midland Women’s Health Care Place Inc.

**BSB**  633-000 **Account Number** 175 626 134 (Bendigo Bank)

Reference: Initial, Last name, Membership/Membership renewal eg. JDoe Memb Renewal

***Credit Card*:** Phone 9250 2221

**Privacy Act Permission**

Under the Privacy Amendment (Enhancing Privacy Protection) Act 2012 and the Australian Privacy Principles, I hereby grant permission to Midland Women’s Health Care Place to hold my personal details including my name, home and email address, phone number and any other information required to keep my membership updated and to advise me of programs and other services offered.

The information is to be used for the primary purpose of maintaining membership and services. My personal details (except for the legal requirement for other members to have access to name and address only), are not to be divulged to anyone outside Midland Women’s Health Care Place without my written permission.

In signing I hereby provide permission to MWHCP to hold my personal contact details.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Office use only -*** *Board Approval New Members Only*

Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Data Entered/Updated* CRM ☐ Communications ☐ Date: \_\_\_\_\_\_\_\_\_