



Association Membership Application

2018–2019

I wish to apply for membership of the WHT Association.
If accepted I agree to abide by the rules of the Association.

Signed:		Date:	
Name:			
Address:			
Suburb:		Postcode:	
Phone No.:			
Email:			

Would you like to receive our newsletter via Email or Post ? (please tick)

Subscription: \$15

Payment options:

- **By cash at Reception**
- **By cheque or money order made out to:**
Women's Health Tasmania PO Box 248 North Hobart 7002
- **Or by electronic transfer to:**
Women's Health Tasmania BSB No. 017-010 Account No. 448907321

If paying by electronic transfer please put your name in the message reference. Please note here:

Electronic Receipt No.:		Date Paid:	
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*Membership expires prior to AGM in September each year

Office use only:

Subscription paid Receipt No. _____
Added to Newsletter Email List Added to Newsletter Mailing List Added to Membership database