

RENEWAL FORM - MEMBERSHIP OF ASSOCIATION

Leichhardt Women's Community Health Centre Incorporated

(incorporated under the *Associations Incorporation Act 2009*)

This form is valid for current members of LWCHC whose membership will soon expire. People seeking to join the Association will need to complete an Application for Membership form.

I,
[full name of member renewing their membership]

of
[address]

.....
[occupation]

.....
[telephone + email]

hereby seek to renew as a member of the above named incorporated association. On renewal of my membership, I agree to be bound by the constitution of the association for the time being in force.

.....
Signature of the member renewing *Date*

The sum payable for membership renewal is \$20 (waged) or \$10 (unwaged - student, pension, retiree)

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

Pay by

1. Electronic Funds Transfer to Leichhardt Women's Community Health Centre bank account BSB 062193 / Account number 00800600. Email manager@lwchc.org.au OR
2. Post a cheque made payable to Leichhardt Women's Community Health Centre, PO Box 240 Leichhardt NSW 2040