



**Older Women's
Network (Qld) Inc.**

New Membership Application

I wish to apply for membership of the Older Women's Network (Qld) Inc.
I agree to support the organisation's Aims & Objectives as published in the
state office brochure, a copy of which is available from local Convenors.

About You

Title (Mrs/Ms/Miss *optional*) and Name _____

Home Address _____ Suburb _____ P/Code _____

Telephone numbers _____ Date of Birth ____/____/19____

Email (Please PRINT clearly) _____

Country of Birth _____ Is English your first language? Tick box: Yes No

If No, what is your first language? _____

Do you identify as being from a Culturally and Linguistically Diverse background? Yes No

Do you identify as an Aboriginal and/or Torres Strait Islander? Yes No

What branch do you attend: _____

Do you consent to photos and/or video recordings of you being used by OWNQ in newsletters, social media (eg. Facebook posts), and for marketing purposes? Please tick box: Yes No

Do you consent to your contact details being circulated on a membership list to other members of your branch and OWNQ? Please tick box: Yes No

I have read and agree to abide by OWNQ's Code of Conduct for Members.

I understand that a breach of the *Code of Conduct for Members* may result in loss of membership from OWNQ.

Signature _____ Date _____

Your personal details are not disclosed outside of the OWNQ organisation.

PLEASE COMPLETE PAGE 2

Your Wellbeing

In the unlikely event of a medical emergency while you are participating in an OWNQ event, we respectfully request you supply the following information:

Next-of-kin or person to contact in an emergency:

#1 Name _____ Relationship _____ Phone/s _____

#2 Name _____ Relationship _____ Phone/s _____

OPTIONAL Do you have a disability, or any serious health concerns, including allergies? Yes/No

Please specify _____

Preferred hospital for treatment ? Closest / Other _____

Renewal Fee

Members are invited to renew their membership at the following rates:

Individual (annual 1Jul-30 Jun) \$20

Individual (pro-rata 1Jan-30 Apr) \$10

Organisational \$25

A receipt will be issued to renewing members either from the Branch Treasurer or from State Office

MEMBERSHIP PAYMENT OPTIONS please ✓ the option you are choosing

Internet \$_____ EFT Bank transfer to: Older Women's Network (Qld) Inc.
(preferred) BSB 064 001 Account No. 10054715

Transfer date ___/___/___ Use Bank Ref: **[name + renew]**
Completed Renewal form to: Branch Convenor, or post to OWNQ State Office or email admin@ownqld.org.au

Cash \$_____ + completed Renewal form to Branch Convenor.
Do not post cash.

Chq \$_____ payable to Older Women's Network (Qld) Inc.
+ completed Renewal form to Branch Convenor or post to OWNQ State Office.

Branch/Office Use

BRANCH USE

Date received / / Initial here for cash payment _____

Receipt No. _____ only if issued by Branch By _____

Proposed by (name) _____

Signed _____ Dated / /

ORIGINAL to State Office

COPY to be retained by Branch Convenor

STATE OFFICE USE

Date received / / Initial box for cash payment

Receipt No. _____ Issued by _____

Record Correspondence In

Check membership fee received Bank deposit date / /

Enter database pending approval

Seconded by (name) _____

Signed _____ Dated / /



**Queensland
Government**

OWN (Qld) is supported by the Department of Communities Child Safety and Disability Services. OWNQ carries Ansvar Insurance – Public & Products Liability of \$20,000,000. Policy number NFPIB/174947

State Office

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www.ownqld.org.au