



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

New Membership Application

I wish to apply for membership of the Older Women's Network (Qld) Inc.

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

Which Branch do you plan to 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 _____

Annual 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]**
Completed form to: Branch Convenor, or post to OWNQ State Office or email admin@ownqld.org.au

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

Chq \$_____ payable to Older Women's Network (Qld) Inc.
+ completed 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 / /



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

State Office
505 Bowen Terrace
New Farm Qld 4005

ABN 91 345 516 361

Phone (07) 3358 2301

www.ownqld.org.au



CODE OF CONDUCT FOR MEMBERS

Policy Ref	OWNQ_P052
Related Work Instruction	Nil
Current Version	June 2020
Policy Author	Policy Subcommittee
Approved by	Management Committee July 2018

Revision Date	Reviewed by
June 2020	Marianne Wright
June 2022	

1. PURPOSE

The purpose of the *Code of Conduct for Members* policy is to set the rules outlining standards of acceptable behavior within the Older Women's Network Queensland (OWNQ).

It ensures that it is clear and precise to all members within the organisation as to what is expected of them and reduces confusion and possible conflict within branches and the organisation.

2. PROCEDURE

Before completing a New Membership Application Form, all members will be required to read the *Code of Conduct for Members* carefully. When this is done it will be seen that it is based on common sense and common courtesy.

When signing membership forms, please note the paragraph above the signature block which states "I have read and agree to abide by OWNQ's Code of Conduct." By signing the membership form, members agree to abide by the Code of Conduct as outlined in this policy. The signed portion of this policy must be returned to State Office.

Breaches of the Code of Conduct for Members may result in loss of membership.

3. CODE OF CONDUCT

All members agree to:

- (a) Support the aims of the organisation
- (b) Observe the rules, including financial procedures
- (c) Be courteous and behave in a reasonable manner
- (d) Exercise due care regarding the safety of themselves and others, being mindful of impairments that may present safety issues to other members, such as mobility walkers
- (e) Represent the organisation in a positive way, and ensure that the name of OWNQ is not brought into disrepute
- (f) Follow OWNQ's grievance procedures to resolve conflicts

In summary, if a Member has any matter to raise pertaining to the Branch, or has a complaint, it should be brought up with their Branch Convenor in the first instance. If the Convenor is unable to resolve the issue, the matter can then be raised with the Coordinator. If the matter still remains unresolved the Coordinator will notify the Management Committee, who determine the next course of action.

Member's Name _____ Signature _____ Date _____