



# Blacktown Women's and Girls' Health Centre Inc.

Tel: 02 9831 2070  
 Fax: 02 9831 2344  
 Email: info@womensandgirls.org.au

6 Prince Street  
 BLACKTOWN NSW 2148  
 www.womensandgirls.org.au

## APPLICATION FOR GENERAL MEMBERSHIP FORM

General Membership – Fee \$2.00

Individual member       Organisational member: NGO       Government

I, \_\_\_\_\_, wish to become a member of Blacktown Women's and Girls' Health Centre Inc. I understand, accept and support the objectives and rules of the organisation. I understand and adhere that I need to be financial within one month of acceptance.

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

(Organisational members please give your work address and phone number)

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Nominee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_



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## MANAGEMENT COMMITTEE NOMINATION FORM

### Nomination to Management Committee

Nominations must be signed by a current Management Committee member. Members of the Management Committee are elected at the AGM.

I \_\_\_\_\_, hereby nominate \_\_\_\_\_  
(Committee Member) (Nominee)

To the position of \_\_\_\_\_  
(Member/ Office Bearer)

On the Management Committee of Blacktown Women's and Girls' Health Centre Inc.

Signature of Nominee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_