



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.

Current to 30/6/20

About You

Title _____ Given Name _____ Surname _____ Home Address _____ Suburb _____ P/Code _____ Mobile _____ Home Ph _____ Date of Birth ___/___/19___ Email _____@_____ Receive newsletter by email? Yes / No (please circle)

Are you? Married / Widowed / Partnered / Not partnered (please circle) Prefer not to disclose tick box

Country of Birth _____ Is English your first language? Yes / No (please circle)

If No, what is your first language? _____

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

Are you? (please circle) employed / seeking employment / volunteering / caring / retired

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

Signature _____ Date _____

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

Your Interests

OWNQ routinely surveys its members to assess individual interests and needs so we continue to deliver on the organisation's Aims & Objectives. Right now, as you apply for membership, would you kindly indicate any of the issues that interest or concern you. Please ✓

- | | | |
|---|--|--|
| <input type="checkbox"/> Accommodation/Housing | <input type="checkbox"/> Carer's role & rights | <input type="checkbox"/> Domestic/family violence |
| <input type="checkbox"/> Domestic/Home Help | <input type="checkbox"/> Elder Abuse | <input type="checkbox"/> Legal Issues |
| <input type="checkbox"/> Negative media image of older women | <input type="checkbox"/> Medical/Health matters | <input type="checkbox"/> Pensions/Concessions |
| <input type="checkbox"/> Superannuation/Financial matters | <input type="checkbox"/> Self-esteem/development | <input type="checkbox"/> Socialising/Companionship |
| <input type="checkbox"/> Technology e.g. computer/internet/IPAD | <input type="checkbox"/> Transport issues | <input type="checkbox"/> Skill-sharing/Learning |
| <input type="checkbox"/> Empowering others/Mentoring | <input type="checkbox"/> Other _____ | |

What is your primary motivation to become a member of OWNQ? _____

Please Circle How did you learn about OWNQ? Member Intro / Facebook / Advertising / Other _____

Which branches have you attended? State Office New Farm / Beenleigh-Logan / Capalaba / Gold Coast / Gympie / Mackay / Mitchelton / Woody Point / Other OWN Australia _____

How many times did you attend a branch meeting as a guest before deciding to join? 1 2 3 4 more

Your Image

One of OWNQ's aims is to positively promote the image of older women in society. We do this through OUR OWN Newsletter, the Older Women's Network (Qld) website and other authorised publications (printed and electronic) and branch and corporate events. Your written consent is sought as follows:

Please circle I DO / DO NOT consent to the use of photographs or video recording of me for OWNQ promotional purposes. I understand that no personal information, such as names, will be used without my express consent. I also understand that my consent may be withdrawn at any time with written notice to the State office.

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 _____

Membership Fee

Guests are welcome to attend up to three branch events and are then encouraged to become financial members to continue.

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

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

Organisational \$25

New \$20 membership applications received between 1 May and 30 June will be awarded 12-14 months membership at convenors discretion.

Please note your membership fee includes affiliation fee for OWN (Australia).

MEMBERSHIP PAYMENT OPTIONS please the option you are choosing

Online (preferred) \$____ EFT Bank transfer to: Older Women's Network (Qld) Inc.
BSB 064 001 Account No. 10054715
Transfer date ___/___/___ Use Bank Ref: Your name + renew
+ completed Membership form to: Branch Convenor, or
post OWNQ State Office or email: admin@ownqld.net.au

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

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

A receipt will be issued to new members either from the branch Treasurer or from State Office.

OFFICE USE ONLY

BRANCH USE

Date received / / Initial box 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

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 / /

Send welcome pack



OWN (Qld) is supported by the Department of Communities Child Safety and Disability Services. OWNQ carries Ansva Insurance - Public & Products Liability of \$20,000,000. Policy number NFPIB/000329.

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www.ownqld.net.au