

## MEMBERSHIP APPLICATION FORM

ENDING VIOLENCE AGAINST WOMEN QUEENSLAND INC.

Peak Body for Sexual Violence, Women's Health and Domestic & Family Violence

### TAX INVOICE

ABN: 52 682 218 601

The undersigned hereby applies for admission to EVAWQ as a member and agrees to be governed by the EVAWQ Constitution and will support its values, aims and objectives - these can be accessed through EVAWQ's website <a href="https://www.evawq.org">www.evawq.org</a>.

Please tick the appropriate membership cat	egory: Service Program	
Name:	Position:	
Service:		
Program (if applicable):		
Postal Address:		
Email Address:		
Telephone:	ABN:	
Authoriser Name:		
Membership:  NEW  RENEWAL  **Membership proposers and seconders need to be existing EVAWQ members.  Only NEW Membership applicants require a proposer and seconder.		
Proposer Name:	Email:	
Seconder Name:	Email:	

#### **Membership Criterion**

EVAWQ is not a network of networks, it is a peak body comprised of members representing their own service, or members joining as independent Individuals. It is a criteria of membership that the service representative be female and a decision maker in their service.

#### Why you should become a member of EVAWQ

EVAWQ is the first peak in Australia to collectively represent sexual violence, women's health and domestic & family violence services.

Being a member of EVAWQ will:

- ✓ Ensure that your service is kept up to date on issues affecting the violence against women sector:
- ✓ Provide a conduit for the distribution of information relevant to your organisation/sector through the secretariat (relevant to the work of EVAWQ);
- ✓ Attendance at the annual face to face meeting of violence against women services; and
- ✓ A collective voice to advocate for policy changes.



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#### **MEMBERSHIP FEES**

Organisation:	Fees are Based on the amount of f annually.	funding that a service receives	
(PLEASE INDICATE)	ANNUAL FUNDING Up to \$250,000 Up to \$500,000 Up to \$700,000 Over \$700,000 +	MEMBERSHIP FEE PAYABLE \$125 \$250 \$350 \$375	
	PAYMENT DETAILS		
Receipt Required:	☐ YES	$\square$ NO	
CHEQUE OR MONEY ORDER:  Please make payable to: EVAWQ Inc  Please Mail to: EVAWQ Inc PO Box 444 Mackay, Qld 4740	(EVAWQ) BSB: Account N	olence Against Women Queensland ) Inc 034 – 072 Number: 27 – 6917 WQ and the initials of your service	
Please complete and return as soon as is practicable.			

Preferred date for receipt of all forms prior to next AGM.

info@evawq.org

PO BOX 1665,

TOWNSVILLE QLD 4810

Thank you for your application to be a member of EVAWQ Inc.

Email:

Post: