



Family Planning Queensland MEMBERSHIP APPLICATION FORM

Since 1972, FPQ's reach throughout Queensland has been made possible through the generous involvement and support of many people, including our dedicated members. Your membership fee is used to improve the sexual and reproductive health of young people, people with disabilities and the general community, through the provision of clinical services, health promotion activities and campaigns, outreach services, workshops, seminars and training opportunities.

We look forward to receiving the continued support of our Members.

- ❖ *Ordinary* and *Affiliate* membership subscriptions for 2010 are due 1 January 2010 and are payable in advance.
- ❖ Eligible members must be over 18 years old.

All members agree to adhere to the objects of FPQ.

The objects of FPQ are:

- (a) to promote sexual and reproductive health amongst the public;
- (b) to prevent ill-health in the area of sexual and reproductive health;
- (c) to educate the public in respect of all issues relating to sexual and reproductive health;
- (d) to provide clinical, education and training services to attain the objects of FPQ;
- (e) to raise and secure sufficient funds for the advancement of the objects of FPQ;
- (f) to receive any funds and to distribute these funds in a manner that best attains the objects of FPQ; and
- (g) to do all things which are incidental or conducive to the attainment of all or any of the objects of FPQ.

Membership type

I wish to become a member/I wish to renew my membership:

- Ordinary Member* \$30.00 per year Affiliate Member** \$40.00 per year

*Ordinary membership is for individuals

**Affiliate membership is for organisations with one representative member

Member's details

Name:

Postal address:

.....Post code:

Home phone: [.....]..... Business phone: [.....].....

Mobile phone: Email address:

Signature: Date:

I am over 18 years old and eligible to be a member of FPQ.

Please find cheque enclosed for \$ _____ or please charge \$ _____ to my credit card

Credit card type: Expiry date:..... Card number: _____|_____|_____|_____

Card holder name:Card holder signature:

Please return with payment to:

The Executive Assistant
Family Planning Queensland
PO Box 215, Fortitude Valley Q 4006