

Application for membership / membership renewal

Membership is current for 12 months from July 1–June 30.

Please fill in details and submit form via email to ea-ceo@shvic.org.au or post to **Office of the CEO, Sexual Health Vic, PO Box 1377, Box Hill, VIC 3128.**

New member Existing member

Personal details

Name: _____

Existing members only: My details have not changed since my last application

Organisation (if applicable): _____

Residential address: _____

Mailing address: _____

Phone (Home/Work): _____

Mobile number: _____

Email address: _____

I would like to receive SHV newsletters and course information.

Membership fees

Individual \$50 Organisation \$65

Donation \$ _____

Total Payment enclosed \$ _____

Payment method

Cheque (payable to Sexual Health Victoria)

Credit Card (details below)

Credit card details

Cardholders name: _____

Card number: _____ Expiry date: _____ CVC: _____

The Purpose for which the Association is established is to promote sexual and reproductive health including by:

- (a) providing a leadership role in public policy, advocacy, education and clinical care in sexual and reproductive health;
- (b) promoting and providing professional clinical and medical services in the areas of relationships and sexual and reproductive health with the aim of improving the health and wellbeing of the communities in which we operate;
- (c) promoting and providing relevant and accessible information and evidenced based quality education to the communities in which we operate in sexual and reproductive health to improve health literacy, wellbeing, participation and quality of life;
- (d) undertaking research relevant to the clinical and educational services offered to inform and improve contemporary practice and access to education; and
- (e) undertaking advocacy relevant to the clinical and educational services offered to inform policy and priorities in the community; and
- (f) liaising with other national or international bodies who share a similar purpose with the Association; and
- (g) undertaking any other activities that align with the purpose and values of the Association.

By signing this application for membership I confirm that I have read and agree with the purpose of Sexual Health Victoria and I am 18 years of age or older.

Signature: _____

Date: _____

New members must be nominated by two existing members: one of which must also be a Board member

Nominator name: _____

Nominator signature: _____

Date: _____

Nominator name: _____

Nominator signature: _____

Date: _____

If you have any queries, please contact:
Office of the CEO
T/ 03 9257 0128 E/ ea-ceo@shvic.org.au
Sexual Health Victoria
PO Box 1377, Box Hill, Victoria 3128

Privacy Statement

Sexual Health Victoria will only collect and store information provided by you on this form for the purpose of your application for or renewal of membership and to manage your membership.

If your application is unsuccessful, your private information will be destroyed.

A full privacy disclosure can be found on the Sexual Health Victoria website www.shvic.org.au