

Association Membership Form

**Sexual
Health
Quarters**

Sexual Health Quarters (SHQ)

If you would like to show your support for SHQ then become a member of the Association.

Individual Membership \$30 per annum

Organisation Membership \$100 per annum

Our Promise

Sexual Health Quarters (SHQ) recognise that sexual health is fundamental to the overall health and well-being of individuals, couples, families and community.

We celebrate diversity and believe that everyone deserves to experience freedom and choice to the sexual health and relationship wellbeing they desire regardless of age, culture, gender, sexuality, beliefs, ability, or location.

We understand that there are many barriers to enjoying sexual health and relationship wellbeing, and we aim to break these down, challenge injustice and provide a voice for those unable to speak freely. And we will continue to work hard to deliver the best service we can, in a caring, safe and welcoming environment, to help everyone who seeks our support.

Aims

- To promote sexual and reproductive health and relationship wellbeing.
- To prevent ill-health and disease in the area of sexual and reproductive health.
- To educate the public in respect of all issues relating to sexual and reproductive health.
- To provide clinical, counselling, information, education and training services to attain the aims of the Association.
- To promote legislative, social and administrative reforms consistent with the aims and philosophy of the Association.
- To develop community awareness of the services provided by the Association.
- To raise and secure sufficient funds for the advancement of the aims of the Association.
- To receive any funds and to distribute these funds in a manner that best attains the aims of the Association.
- To do all things which are incidental or conducive to the attainment of all or any of the aims of the Association.

Becoming a Member

Please complete the attached application form and return to:

Membership Secretary SHQ, PO Box 141, Northbridge WA 6865 | info@shq.org.au

Applicants Details

Name _____ Organisation _____
Address _____
Suburb _____ Postcode _____
Mobile _____ Telephone _____
Email _____

Please provide a statement in support of your application

I understand and support the philosophy and aims of SHQ

Signed _____ Dated _____

Email address for SHQ eNewsletter _____

Donations to SHQ will help us continue delivering high quality sexual health and relationship wellbeing services to the Western Australian community. SHQ provides sexual health information, education, training, counselling and clinical services throughout WA.

SHQ is an endorsed deductible gift recipient. All donations of \$2.00 and over are tax deductible.

Annual Membership Fee – gst free

Individual \$30 Organisation \$100 Donation: \$ _____

Credit Card Payments: (please circle) VISA / MASTERCARD / BANKCARD

Card No: _____ / _____ / _____ / _____ Exp. Date: __ / __

Card Holders Name: _____ Signature: _____

Cheques should be crossed and made payable to The Family Planning Association of WA (Inc.)

For Office Use Only

Accepted / Not Accepted

Chairperson's Signature _____ Dated _____