

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 and donors. Your membership fee and donations are used to provide sexual and reproductive health services, sexuality and relationships education, training and resources to help people make informed, healthy choices and be safe. FPQ is a nonprofit organisation and serves 9 regions throughout Queensland.

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

- ❖ *Ordinary* and *Affiliate* membership subscriptions are for the period 1 January through 31 December 2012. Member benefits are outlined in detail on www.fpq.com.au/member.php
- ❖ 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.

In addition to my membership, I would like to make a donation to FPQ in the amount of \$ _____

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