

**Membership Application/Renewal**

#  2021/2022

[ ]  New Application [ ]  Renewal [ ]  Change of Address

 Organisation’s Name (if applicable)

First Name Surname Pronouns

Partner’s Name (Couples Membership only)

Address

Suburb State Postcode

Telephone Email

Fees

[ ]  Individual $30 [ ]  Couples $50 (both Parties are full members) [ ]  Volunteer $20

[ ]  Corporate $100 [ ]  Concession/Financial Hardship\* $20 (please attach copy of student/pension card)

*\* If you are experiencing financial hardship, please write to us and we may reduce or waive the fee.*

*As a member of WAAC, I agree to abide by its constitution including the objectives set out therein.  I also undertake to act in the best interests of the Council and not act in any way that will be detrimental to the interests of the organisation and its members.*

# Signature

# Donation: Please tick if you would like to support WAAC with a donation

[ ] $10 [ ] $20 [ ] $50

[ ] $100 [ ] $200 [ ] $500

[ ] Other (please specify)

# Payment Options

[ ]  Cheque [ ]  EFT Please transfer the relevant fee to the bank account indicated below:

Name Western Australian AIDS Council Inc

Bank BSB 066-000

Bank Acc 13174746

Description Include the word ‘Member’ and your last name

 **Credit Card**

[ ]  Visa [ ]  Master Card Number

The last three digits next to the

Card Security Number

signature on the back of the card

 Name as it appears on the card

Expiry Date /

Signature Today’s Date

 / /

# Please find below the Objects of the Association:

# (a) Recognising the unique nature of the HIV epidemic, and in partnership with our community, to continue to:

# (i) Lead the Western Australian community response to eliminate new HIV transmissions, HIV- related stigma and the adverse social and health impacts of HIV, BBV and other STIs.

# (ii) Honour and build upon the rich history of the Council’s commitment to be bold, innovative and responsive in serving and partnering with our community.

# (iii) Improve health and wellbeing outcomes for people living with or affected by HIV.

# (iv) Provide support through benevolent assistance programs, to people living with HIV, including direct financial assistance where appropriate.

# (b) To achieve the most effective public health outcomes generally by:

# (i) Promoting and delivering inherently empathetic and compassionate human services that are evidence-based, holistic and person-centred.

# (ii) Influencing public and social policy, practice and research.

# (iii) Representing the interests of a diverse and inclusive community.

# (c) To educate communities and develop partnerships by:

# (i) Providing accurate and relevant public health information and research via multiple platforms.

# (ii) Effectively engaging within communities to empower and enable individuals to make informed decisions for themselves.

# (iii) Positioning the Council to adapt and expand its role locally, nationally and regionally.

# (d) To reduce and prevent harm by:

# (i) Utilising expertise and adaptive models of care to respond to emerging issues, employing a harm- reduction framework.

# (ii) Innovating, leading and excelling in the creation and delivery of services that embody best practice principles.

# For New Memberships Only *(Please note that you are required to have your membership application proposed and seconded by two current Members. If this is not possible, please provide a short statement of intent regarding why you wish to become a member).*

Membership Proposed by Name Signature

Membership Seconded by Name Signature

Please return this form to PO Box 1510, West Perth, WA 6872 or alternatively it can be emailed to hello@waac.com.au