



Australian Men's Health Forum

## MEMBERSHIP FORM

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The Australian Men's Health Forum is the peak body for men's health in Australia, representing a diverse network of individuals and organisations working together to tackle the social factors that shape men and boys' health. Become a member of AMHF and support our work to get Australia talking about men's health issues.

**Together, we can create a healthier future for men and boys, and a healthier future for everyone.**

## BENEFITS

**Communication:** get the latest news, research and information on the social factors that shape men and boys' health and help us raise awareness of men's health issues.

**Consultation:** make sure your voice is heard as we work to influence policy and practice through our community consultations, conversations with members and campaign work.

**Collaboration:** connect with like-minded people and help us improve the way the health service works for men and boys, by joining one of our special interest groups.

**Connection:** stay informed about men's health events throughout the year and let others know what you're up to through our website, newsletter and social media channels.

# MEMBERSHIP FORM TAX INVOICE

## MEMBERSHIP TYPE (GST inclusive)

- |  |                 |
|--|-----------------|
| <input type="checkbox"/> Organisation (Staff)  | <b>\$100.00</b> |
| <input type="checkbox"/> Organisation (No Staff)   | <b>\$70.00</b>  |
| <input type="checkbox"/> Individual Membership   | <b>\$40.00</b>  |
| <input type="checkbox"/> Associate Membership<br><small>Commonwealth or State Government</small>   | <b>\$75.00</b>  |
| <input type="checkbox"/> Concession<br><small>Full-time student or Health Care card-holder</small> | <b>\$10.00</b>  |

## MAKE YOUR PAYMENT TO:

**Account Name:** Australian Men's Health Forum

**BSB number:** 062-595

**Account Number:** 1018 3938

**Reference:** Please email completed form and proof of payment to [sharon@amhf.org.au](mailto:sharon@amhf.org.au) or post to the address below.

## MEMBER DETAILS

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Organisation: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Town: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Upon receipt of payment, this membership form becomes a Tax Invoice.