



PO Box 445, Karrinyup
Western Australia 6921
T: 0415 474 241
F: +61 8 9244 4436
E: info@equalhealth.org.au
W: www.equalhealth.org.au
ABN: 54 257 362 421
Charitable Collections
Licence No: 20400

Equal Health members help change lives

Imagine not being able to go to the doctor when you're unwell or to the dentist when you have a toothache. This is the reality many people in India and other developing countries face today, who simply don't have access to every day health services that most Australians take for granted.

Equal Health works with partner agencies to provide free multi-disciplinary medical health services to people in need in developing countries, who would generally not have access to such services.

This is made possible by the hundreds of Australian health professional volunteers, who donate their time, skills and resources to participate in short-term international assignments in developing countries, together with generous contributions of donors from around the country.

Your Equal Health membership helps us provide life changing appointments by providing vital support to further Equal Health's work in providing much needed health care in developing countries.

Full membership proceeds are invested in Equal Health's work. As a member you will receive Equal Health e-newsletters with updates on our work and invitations to Equal Health events.

Membership costs \$50 per annum or \$500 for a life membership.

Membership application

- \$500 Life Member
- \$50 Annual Member

I understand that this application will be assessed at the first Management Committee meeting following its receipt, and should my application be unsuccessful, the application fee will be returned to me in full.

All information provided is confidential and complies with the National Privacy Principles (Commonwealth Privacy Act 1988)

Signed: _____

Date: _____

A life changing appointment



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Name: _____
Address: _____

P/Code _____
Date of birth: _____ Gender M F
Occupation: _____
Home phone (____) _____ Mobile : _____
Email: _____

Payment details

Total amount payable: _____

Please tick your method of payment:

- Cheque. Made payable to: Equal Health
- Direct Transfer to Equal Health Bank Account
BSB: 805 022 Account No. 01330499
Account Name: Equal Health
Reference: YOUR FULL NAME
- Credit Card (*Please indicate*)
 - Visa MasterCard

Card Number: _____ CSV: _____ Expiry date: _____
Name on card: _____

Signature: _____

- Please provide a receipt.

Please return to:

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Thank you

A life changing appointment