

Membership  
is now FREE



## Statement of Purpose

Women's Health Loddon Mallee's purpose is to:

- Work towards creating social, political, environmental and cultural conditions that ensure optimal health for women, particularly women whose lives are more challenging due to rural isolation and other types of disadvantage;
- Educate, train and work in partnership with service providers and others to build awareness of women's health needs and gender as a determinant of health;
- Provide information and support to women and undertake advocacy for social change in order to ensure women have the opportunity to make real choices in their lives and to be respected in making these choices;
- Work towards eliminating violence from the lives of women;
- Undertake, publish and disseminate high quality research into women's health issues utilising service usage data and reflective practice. Enter into partnerships to enhance research capacity.
- Empower women as service users and citizens through participatory processes, leadership development and governance roles with WHLM.

*Equal Opportunity Act Exemption No. A249/2008*

**BENEFITS OF MEMBERSHIP:** You will receive the *WHealth* journal twice a year, you can vote at the AGM, you can stand for Council of Management, you become a member of our Library, and you support our work.

I would like to be a member of Women's Health Loddon Mallee. I am a woman living, working or studying in the Loddon Mallee region. I agree with the 'Statement of Purpose' of WHLM (see above).

Name \_\_\_\_\_

Phones \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

I would like to donate \$ \_\_\_\_\_  
(see reverse side for payment options)

I would like to donate my time.  
(See reverse side for more details)

# Why Women's Health?

It may seem an obvious thing to say, but women are not the same as men. We differ in many ways, within our communities and families in particular, but there are also different expectations of us in society generally. Our needs are also different and we must address that difference if we are to get our needs met.

That's what Women's Health Loddon Mallee does best. We address the differences, we stand up for women's right to be healthy and safe and we provide support and information that help women take charge of their choices in life.



## Invitation to donate ... your time or your money

*Why should you contribute your time or money to Women's Health Loddon Mallee?*

- Because we are a unique, independent women's health service in the Loddon Mallee Region
- Because we understand women's needs and we believe that with enough information and support, women will have healthier choices and can more easily take charge of their health and well-being.
- Because Women's Health Loddon Mallee stands up for women and their right to a full range of health services in regional, rural and remote areas of the Loddon Mallee Region. We support a woman's dignity in choosing the best option for her as her needs change.
- Because healthy women make healthy communities.
- Because we believe **Women are Great!**

We are the largest region in Victoria with a population of 149,259 women and girls. We are one of nine Women's Health services in Victoria that are proactive in promoting health—making a difference to women and communities.

Our priorities for 2009-2012 are Sexual & Reproductive Health, Preventing violence Against Women, Mental Health & Social Connectedness, and Women & Climate Change.



Women's Health  
Loddon Mallee  
47 Myers Street, Bendigo, Vic 355  
34 Oke Street, Ouyen, Vic 3490

Phone: (03) 5443 0233,  
Fax: (03) 5441 4074  
Email: [whlm@whlm.org.au](mailto:whlm@whlm.org.au)  
Website: [www.whlm.org.au](http://www.whlm.org.au)

**YES, I would love to support the work that Women's Health Loddon Mallee does.**

I would like to volunteer my time.  
I am based in \_\_\_\_\_

Please contact me with opportunities in my area.

All donations of \$2.00 or more are tax deductible and will be receipted.  
ABN: 21 794 157 588

I would like to donate \$ \_\_\_\_\_

Cheque enclosed

VISA

MasterCard

Card No \_\_\_\_\_

Name on Card \_\_\_\_\_

Expiry Date \_\_\_/\_\_\_

\_\_\_\_\_  
Signature for credit card: