

President's Report Dr Raie Goodwach



Dear VMWS Colleagues,

We continue to enjoy our meetings as we continue our advocacy roles.

The Annual Lyceum lunch in July provided a warm and welcome break from Melbourne's frosty winter in the inviting surrounds of the Lyceum Club. I was particularly pleased to welcome many older members who are now enjoying life beyond active practice. A big thank you to Ros Terry for her great contribution in involving these members who have given so much to the society and the community over time.

Jacinta Halloran, well-known author and GP was our guest speaker. The many who attended thoroughly enjoyed hearing from Jacinta about the joys - and challenges - of being a writer as well as a GP. Jacinta was very generous with her time and stayed on for extra discussion with several budding authors.

At the same time as enjoying our meetings, committee members continue with advocacy roles aimed at improving the health and wellbeing of women and children. We are currently involved in workplace issues for women as well as continuing our commitment to improving the longterm physical and psychological health of the one in three women with a history of sexual violence. The community at large is horrified by the level of violence against women and our government has a strong commitment to its prevention. As medical women we are advocating for gold standard, longterm treatment models which recognize that physical & psychological health sequelae may arise over a lifetime. All doctors need proper training to treat patients with a history of sexual violence well - not just doctors with a "special interest" - so that we minimize the potential for doctors to inadvertently retraumatise patients with routine medical procedures.

Best wishes

Raie Goodwach MBBS, MPS
President VMWS 2011

In This Issue...

Page 1 President's Report

Page 3 Obituary: Ida Bell Matthews

Page 5 Report: Lyceum Luncheon

Page 6 Get involved: UN Pacific Register for Professional Expertise

Page 7 NEW SECTION: Articles That Catch Our Attention

Page 8 Health Beyond Interactive eHealth Experience

Page 9 20 Bad Habits That Can Hold You Back

Page 11 Medical Women's Association of Nigeria Biennial Conference

Page 12 Registration Renewal Form

- Event Postponed -

Due to mutual unavailability the High Tea for Human Rights combined event with Victorian Women Lawyers has been postponed until 2012. We will let you know in due course the renewed details.

VMWS Committee 2011

Dr Raie Goodwach

Associate Professor Jan Coles

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Student Representative

(Melbourne)

VMWS Newsletter Editors 2011

Dr Claire Steiner

Ms Skye Siskos

Please contact us if you have any feedback, articles, photos or advertisements that you would like to contribute to the newsletter.

PO Box 202
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email: vic@afmw.org.au



Tribute Ida Bell Matthews



Ida Bell Matthews
21.7.1919 - 31.5.2011

“Bell began life in Sydney. She was born in Woollahra in 1919. Eventually, she moved to Kew where she lived and raised her family over 63 years.

Bell was a determined, single-minded, independent and purposeful woman. Her first great passion was learning and study, qualities that would remain core ingredients of her life. College (PLC), a school her mother had attended, and later her daughters, Anne and Kay.

After finishing secondary school, Bell attended Melbourne University. Initially she had wanted to be a Vet but no degree course was available in Melbourne at that time. Instead she commenced a Science course at Melbourne University, receiving an Exhibition for Zoology. It was there she met her beloved Rodney, the only man she ever loved. He was a fellow Science student whom she eventually married in 1948. After completing a Science Honours degree, Bell, completed a medical degree, like her brother Warren, and became a doctor.

Bell’s professional and family lives were extraordinary for a woman of her generation. She was a woman beyond her time, unquestionably a trailblazer.

After graduating in 1944, Bell commenced a career focussed on paediatrics and later women’s and public health. She did residencies at St Vincent’s, the Queen Victoria and the Royal Children’s Hospitals. In 1951 she joined the Melbourne City Council as a medical officer in communicable diseases. Subsequently she was medical officer for maternal and child welfare for many years. In that position, among many other things, she was instrumental in developing infant welfare centres in inner Melbourne. She would often remark on how well the so-called ‘New Australian’ women, often Greek and Italian, cared for their children. Eventually Bell was appointed Chief Medical Officer for the City of Melbourne, Head of the City Health Department, in charge of more than 200 people in many health-related fields, including health inspectors, mothercraft nurses, kindergarten teachers, dental and childcare workers and others. In the 100 years or so that position existed, she was the final incumbent, and the only woman ever to hold it.

Bell was also interested in preventative medicine, particularly as it applied to women and children. She was awarded scholarships and travelled overseas on various occasions to further her knowledge in that field and in maternal and child health.

Bell had a special interest in women in prison, particularly those mothering children. She advocated successfully for the right of women to keep their babies when entering prison, rather than having them distressingly removed from their arms ‘at the court door’ when being taken into custody. She helped develop parenting and child rearing programs for these women. And these initiatives came at a time when most people were

shocked at the thought of babies in prison. For a time she was a member of the Victorian Women's Prison Council, working closely with Dame Phyllis Frost, a PLC colleague, to improve the lot of women inside. She served on a plethora of Boards and committees during her career and in 1985-86 was President of the Victorian Medical Women's Society. In her latter years, at The Company of Our Lady of the Blessed Sacrament in Canterbury (colloquially known as the Grey Sisters for the colour of the nun's habits) she counselled women suffering post-natal depression. Bell was there for 11 years, working 4 days a week, until in December 2002 she retired from her role of medical counsellor at 83 years of age.

During her working life, which spanned more than half a century, Bell assisted thousands of women and children in countless ways. Numerous people who worked with her have said how good she was with the mothers and babies at the clinics and how well other women responded to her. They all spoke of her skills and her compassion and her kindness. With her own young children in tow she sometimes delivered small hampers to underprivileged families. In 2005 Bell was awarded an Order of Australia Medal for service to the community through the administration of public health programs, particularly in the areas of maternal and child health.

In addition to her family and medical career, the main pillars of her life, another passion for Bell was study and the acquisition of new knowledge. While she was working and raising a family, she also studied. In addition to her Science Honours and medical degrees from Melbourne University, Bell also completed a Diploma in Child Health in London, a Bachelor of Arts degree and a Diploma in Criminology at Melbourne University, and at 70 years of age a Master of Psychological Medicine degree.

Bell was also passionate about travel. She loved to explore the world and travelled extensively.

Except for her final 8 years, Bell worked her entire adult life. Not long before she retired, less than 10 years ago at 83 years of age. In her final years, perhaps Bell's greatest joy was her weekly painting classes. She attended her final class the week before she died.

In Bell's era medical degree courses were only available at Melbourne University and she had been one of only 4 women in her year. Bell was a medical pioneer. Bell was an extraordinary person. Many people have said, that in a lifetime you only meet one person like Bell."

By Madgalena Simonis from the obituary written by Gordon Matthews, son to Ida Bell, published in The Age on July 1st, 2011. For the full version go to <http://afmw.org.au/>

MARK IN YOUR DIARIES SATURDAY, NOVEMBER 26TH

TO COINCIDE WITH WHITE RIBBON DAY
AGM AND 'LET'S TALK ABOUT SEX' COLLOQUIUM
ON SEXUAL DIFFERENCES
DETAILS TO FOLLOW

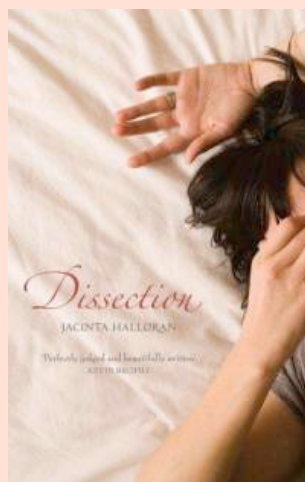
Medicine and The Arts Lyceum Luncheon Report July 5, 2011



On the 5th July this year, VMWS hosted the “Lyceum Luncheon – Medicine and the Arts”. This event, an annual tradition, allows networking of young and young-at-heart, mingling and sharing of wisdom in a setting with a long history of fostering advancement of women’s education. Dr Jacinta Halloran, a Melbourne GP and writer, spoke to the audience regarding the interaction between her medical and creative pursuits, including reading excerpts from her recent works. In giving tips to any budding authors in the audience, she said that sourcing the subject matter, given the wealth of stories arising in everyday medical practice, is not the difficulty, but rather finding the uninterrupted time to devote to her writing.

Medicine often provokes a discussion of the philosophical for patients – life and death, and in between; however the reality that the rest of life moves on regardless for these individuals is often forgotten or unseen except for those closely involved, including their doctors. Therefore doctor-writers are in a unique position to reflect on not only the experiences of their patients, but also their own, for example the consequences of a missed diagnosis – the central story behind Dr Halloran’s novel “Dissection”. Also highlighted were the shared qualities of writers and doctors – perseverance, perfectionism; and that this in addition to the opportunity provided for the general public to gain an insight vicariously into the medical profession, means that the rise of medical fiction is not surprising.

By Sarah Heynemann
VMWS Student Representative



Jacinta’s first novel “Dissection” was awarded the Victorian Premier’s Literary Prize for Unpublished Manuscript in 2007 and published in 2008 by Scribe Publications. She is a featured writer in this year’s Melbourne Writers Festival at the end of this month.

Win Writers Festival Tickets!

2 tickets to Melbourne Writers Festival Event “Writing in Lab Coats” Friday 26 August, 11.30am at ACMI The Cube Dr Elizabeth Finkel (*The Genome Generation*), journalist and publisher Jane McCredie (*Making Girls and Boys*) and award-winning Age journalist Jo Chandler (*Feeling the Heat*) talk to Radio National’s Natasha Mitchell about what makes great science writing (and what makes great science).

Simply email Claire.Steiner@svhm.org.au with your contact details before next Tuesday 22nd, winners will be phoned or emailed the following day.



Get Involved in our Global Community: Pacific Register of Professional Expertise

This database is intended to enable UN Women Pacific to identify expertise required on a short-term, medium-term, or long-term basis for our projects and programmes. It is not used to identify potential staff members for permanent employment.

How Do I Register With UN Women Pacific Expert Register?

UN Women, the United Nations Entity for Gender Equality and the Empowerment of Women, has been established to accelerate progress in promoting gender equality, expanding opportunity and tackling discrimination worldwide. It consolidates OSAGI – Office of the Special Advisor to the Secretary General on Gender Issues, INSTRAW – UN International Research and Training Institute for the Advancement of Women, UNIFEM - UN Development Fund for Women, and DAW – Division for the Advancement of Women in the UN Secretariat.

UN Women in the Pacific (UN Women sub regional office) is the the dynamic and strong UN champion of women rights, providing a powerful voice for women and girls at the global, regional and local levels. Formation of UN Women also strengthens UN ability to provide coherent and timely support to Member States to advance gender equality, in line with national priorities and international norms and policies. It also strengthens effective partnerships with civil society.

The key function of UN Women is as follows:

- Support inter-governmental bodies, such as the Commission on the Status of Women, in their formulation of policies, global standards, norms, and, monitor and report on system-wide compliance with inter-governmental mandates on gender balance
- Help Member States to implement these standards, standing ready to provide suitable technical and financial support to those countries that request it and to forge effective partnerships with civil society
- Support national efforts to promote and enhance gender equality and women's empowerment through innovative and catalytic country driven programming working with UN Country Teams (UNCTs), in line with national priorities
- Undertake new, and consolidate existing research and analytical work to support overall objectives and act as the hub/centre of knowledge and experience on gender equality and women's empowerment from all parts of the UN system
- Lead and coordinate UN system strategies, policies and actions on gender equality and women's empowerment to promote effective system wide gender mainstreaming
- Strengthen the accountability of the UN system, including through oversight, monitoring and reporting on system wide performance on gender equality



WHITE
RIBBON
DAY NOV 25

International Day for the Elimination of
Violence Against Women
25 November



ARTICLES THAT CATCH OUR ATTENTION:
This article in the MJA last month caught our attention. We invite your responses of 100 words or less which will be posted in our next newsletter edition. Email vic@afmw.org.au

Why are women referred for female genital cosmetic surgery?

Rebecca Deans, Lih-Mei Liao, Naomi S Crouch and Sarah M Creighton

TO THE EDITOR: The number of vulvo-plasty or labioplasty procedures rebated by Medicare Australia has more than doubled

1 over the past 10 years; in the United Kingdom, a similar trend was observed in the National Health Service. Recent media debate in Australia highlight this as a concerning problem.

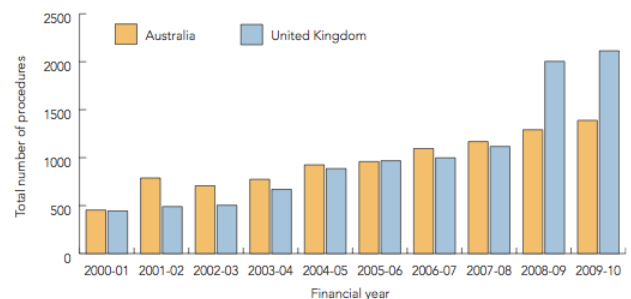
The community assumes that surgical operations are clinically effective treatments performed for identifiable pathological features. In the context of female genital cosmetic surgery (FGCS), there is a blurring between disease and dissatisfaction, the latter being at least partly informed by cultural pressure about physical appearances. In addition, there is an absence of evidence on clinical effectiveness,⁴ and an apparent lack of commitment to monitor adverse events.

This raises the question of how clinicians justify referring women for FGCS. A recent audit of referral letters for labio-plasty in an NHS gynaecology clinic in the UK (University College London Hospitals project no. 03/0173) offers interesting insights.

Of the 48 letters reviewed, the mean age of the women referred was 25 years (range, 9–50 years). Complaints about genital appearance were identified in 34/48 (71%) of letters (eg, embarrassment about undressing in public changing rooms). Physical discomfort was mentioned in 23/48 (48%) letters (eg, difficulty with activities such as cycling). Sexual problems were mentioned in 21/48 (44%) letters (eg, a reluctance to engage in sexual relationships). In two of the letters, the referrers mentioned disparaging comments by previous sexual partners, and one mentioned harassment by other girls at school. Alarming, a further seven letters (15%) alluded to concerns being flagged by the girls' mothers.

Only 77% of referrers reported examining the patient. A third of referrers judged the labia to be "normal", yet nevertheless requested surgery for their patients. Pejorative language such as "leathery in appearance" or "pendulous and elongated" was used in 12 (25%) of the letters.

Labioplasty and vulvoplasty operations rebated by Medicare Australia¹ and covered by the United Kingdom National Health Service² over the past 10 years*



INR = international normalised ratio. * Graph shows abbreviated, not daily, data. Intervals are weekly up to Week 9, then vary according to when INR was measured.

Medical training may cover basic vulval anatomy, but detailed study of morphology is not included. This knowledge gap would have been less problematic in the past. However, in recent years, where intense marketing of FGCS⁵ is contributing to soaring demand, medical practitioners may not be sufficiently informed about female genital anatomy to assess and advise women about their concerns.

Reasons for the increasing prevalence of female distress about genital appearance are likely to be complex and rooted in social and cultural changes. In the absence of identifiable diseases, referral for operations may not be the most appropriate way of managing women's body insecurities.

Acknowledgements: We thank Associate Professor Jason Abbott for his contribution to this letter.

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¹ Australian Government. Medicare Australia. Pharmaceutical Benefits Schedule item reports. Item 35533. 1999–2009. https://www.medicareaustralia.gov.au/statistics/mbs_item.shtml (accessed May 2011).

² United Kingdom National Health Service. Hospital episode statistics 2000–2010. <http://www.hesonline.nhs.uk> (accessed May 2011).

³ Robotham J. More women opt for genital plastic surgery. Sydney Morning Herald 2010; 8 Nov. <http://www.smh.com.au/lifestyle/wellbeing/more-women-opt-for-genital-plastic-surgery-20101107-17j1f.html> (accessed May 2011).

⁴ Liao LM, Michala L, Creighton S. Labial surgery for well women: a review of the literature. BJOG 2010; 117: 20–25.

⁵ Tiefer L. Female genital cosmetic surgery: freakish or inevitable? Analysis from medical marketing, bioethics, and feminist theory. Feminism Psychol 2008; 18: 466–479.

HealthBeyond

The Interactive E-Health Experience

Launching in Brisbane 1-4 August 2011



The Interactive E-Health Experience

HealthBeyond is a FREE interactive experience aimed towards healthcare professionals and consumers. Take a step into the future by entering this virtual e-health world and experiencing the latest technologies and innovations relating to health and wellness.

HealthBeyond will provide visitors with an immersive experience that is relevant, educational, fun, entertaining, interactive and inspiring. Visitors will be able to gain an understanding of related healthcare settings including the home, GP clinic, hospital and aged care facility along with a strong focus on preventative/wellness.

HealthBeyond will present Australia's e-health vision to a national audience; to educate and inform them as to the scope of e-health and the future of healthcare.

HealthBeyond is a FREE major Australian exhibition with no requirement to pre-register, guaranteed to reshape how you think about and experience healthcare.

The Experience

The floor plan has been designed to take visitors on a journey from preventative/wellness to aged care, with stops along the way **showcasing the technologies and innovations** being used in a range of healthcare settings.

The various 'sets' are designed to give attendees an immersive experience and the feeling that they are visiting a doctor's surgery, or engaging with a healthcare professional from their own home.

They will be able to touch, feel, play and have their enthusiasm developed by HealthBeyond ambassadors - 'real' people who use the technology to help them deliver high quality healthcare.

After launching in Brisbane in August, 2011 HealthBeyond will take a break before packing up for the holiday of a lifetime.



HealthBeyond: The Roadshow will set off from Melbourne in 2012, and head North, stopping in all capital cities and regional centres across the great wide land.(well, maybe not all regional centres, but we will get to as many as we can afford to!).

Register now to arrange a scheduled tour for you and your friends and colleagues to take part in HealthBeyond. <http://www.healthbeyond.org.au/healthcare.html>

20 Bad habits that can hold you back

From [Business Week](#) and Executive Coach Marshall Goldsmith we give you 20 common bad habits that can hold you back from achieving the leadership heights you aspire to:

- **Winning Too Much:** The need to win at all costs and in all situations—when it matters, when it doesn't, and when it's totally beside the point.
- **Adding Too Much Value:** The overwhelming desire to add our two cents to every discussion.
- **Passing Judgment:** The need to rate others and impose our standards on them.
- **Making Destructive Comments:** The needless sarcasms and cutting remarks that we think make us sound sharp and witty.
- **Starting with "No," "But," or "However":** The overuse of these qualifiers, which secretly say to everyone, "I'm right. You're wrong."
- **Telling the World How Smart We Are:** The need to show people we're smarter than they think we are.
- **Speaking When Angry:** Using emotional volatility as a management tool.
- **Negativity:** The need to share our negative thoughts, even when we weren't asked.
- **Withholding Information:** The refusal to share information in order to maintain an advantage over others.
- **Failing to Give Proper Recognition:** The inability to praise and reward.
- **Claiming Credit We Don't Deserve:** The most annoying way to overestimate our contribution to any success.
- **Making Excuses:** The need to reposition our annoying behavior as a permanent fixture so people excuse us for it.
- **Clinging to the Past:** The need to deflect blame away from ourselves and onto events and people from our past; a subset of blaming everyone else.
- **Playing Favorites:** Failing to see that we are treating someone unfairly.
- **Refusing to Express Regret:** The inability to take responsibility for our actions, admit we're wrong, or recognize how our actions affect others.
- **Not Listening:** The most passive-aggressive form of disrespect for colleagues.
- **Failing to Express Gratitude:** The most basic form of bad manners.
- **Punishing the Messenger:** The misguided need to attack the innocent, who are usually only trying to protect us.
- **Passing the Buck:** The need to blame everyone but ourselves.
- **An Excessive Need to Be "Me":** Exalting our faults as virtues simply because they exemplify who we are.

By Suzanne Woolley

Sunday December 26th 2010

Business Week



**64th Annual UN Department of Public Information
Non-Governmental Organizations Conference**
Bonn, Germany • 3-5 September 2011

COMMIT ● ENCOURAGE ● VOLUNTEER



Dear Senior VMWS Members,
The VMWS committee would like to extend an invitation to you for a volunteer driver service to any one of our events which happen throughout the year. If you would like to take advantage of this offer please don't hesitate to call
Seniors' Representative, Ros Terry
03 9824 2917.

Warm Regards
VMWS committee

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*Conditions apply

Supporting our international sisters:

MWAN Biannual Conference 2011

Medical Women Association of Nigeria (MWAN) Lagos State chapter welcomes you to our biennial conference which comes up later this year. The Medical Women's Association of Nigeria (MWAN), an affiliate of the Medical Women International Association (MWIA) and the Nigerian Medical Association (NMA) is a non-governmental, non-sectarian, apolitical and non-profit making organization.

The Medical Women's Association of Nigeria (MWAN), an affiliate of the Medical Women International Association (MWIA) and the Nigerian Medical Association (NMA) is a non-governmental, non-sectarian, apolitical and non-profit making organization.

The mother body MWIA was founded in New York in 1919 and is believed to be the oldest international medical organization in continuous existence. The primary aim of the association is to expand the role of women in the achievement and maintenance of health throughout the world. Our noble motto is "Matrix Animo Currant" meaning "healing with the love of a mother".



MWAN was founded in Ibadan in 1976 and registered with the MWIA at its 10th congress in Tokyo, Japan the same year. Presently there are 24 operational state branches including the Federal Capital Territory, Abuja where the national secretariat is housed. Membership is automatic for all qualified female medical and dental practitioners registered with the Medical and Dental Council of Nigeria (MDCN).

The young forum consists of medical and dental practitioners who are under 40 years old. They have full rights and benefits of the association. Medical students are associate members but do not have voting rights. We are particularly interested in women and child health. The aim is to give opportunity to the child, mother and the family at large to attain their full health potentials. The different state branches are involved among others in cancer screening services like self breast examination, pap smear with visual inspection acetate (VIA) carried out on women at the clinics of the states.

Revisiting the Myth behind Maternal and Infant Mortality: Can eHealth and mHealth make a Difference?

- The Role of eHealth for qualitative Dental Care
- Domesticating PCV13: Strategy to Improved Child Health Care.
- Cancer: An Emerging National Scourge. Must Our Women Die?
- Exercising Woman's Right to Information: Strategy to Quality Health Care
- Qualitative Dental Care Services: Tool to Improving Child Dental Health





The Victorian Medical Women's Society

History

The Victorian Medical Women's Society (VMWS) was founded in 1896 with the aim to further the professional development of medical women by education, research and improvement of professional opportunities. It promotes the health and welfare of all Australians, particularly women and children.

Member Benefits

- * Free attendance at meetings including networking dinners, mentoring, guest speakers on topics of clinical or medico-social importance, and panel discussions.
- * Circulation of a bimonthly newsletter with news about events, prizes and gendered socio-political issues.
- * Regular networking and mentoring opportunities.
- * Advice and advocacy.
- * Access to members-only pages on our internet site and details of further net resources.
- * Training program application assistance & career development advice.
- * Be part of the Medical Women's International Association and have your say in the United Nations and other global forums.

Affiliations

Australian Federation of Medical Women

www.afmw.org.au

The AFMW represents all the Medical Women's Societies of Australia. AFMW arranges conventions and conferences, and is currently focused on developing leadership skills in medical women. AFMW is linked with the Medical Women's International Association.

Medical Women's International Association

www.mwia.net

MWIA is a United Nations Non-Government Organization. It maintains official working relations with the WHO, the UN Economic and Social Council, and UNICEF. MWIA provides its members with the opportunity to exchange ideas, medically and personally, with colleagues from other nations.

2011 Committee

Dr Raie Goodwach	President
Associate Professor Jan Coles	Immediate Past President
Dr Magdalena Simonis	Vice-President
Dr Jillian Tomlinson	Treasurer
Dr Annie Kilpatrick	Secretary
Dr Desiree Yap	AFMW representative
Dr Linny Kimly Phuong	Sponsorship Officer
Dr Claire Steiner	Newsletter Editor
Dr Jane Li	IT/Publicity Officer
Dr Natalie Marjanovic	AMA Representative
Dr Rosalind Terry	Senior members' Representative
A/Prof Deb Colville	AFMW National Coordinator
Dr Kate Duncan	AFMW Regional Liaison
Dr Mikhaila Lazanyi	General Committee
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	Newsletter
Ms Madhura Naidu	Student Representative (Monash)
	Social Secretary
Ms Sarah Heynemann	Student Representative (Melbourne)
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Ms Melissa Lee	Student Representative (Melbourne)
	Shadow Treasurer

Membership Application

Membership fees are not tax deductible as charitable contributions. Membership fees may be deducted as ordinary and necessary business expenses. Please consult your accountant for further advice.

Full Members		Rural Members	
1 year	\$160	(>100km from GPO)	
3 years	\$432	1 year	\$70
5 years	\$680	3 years	\$189
		5 years	\$297.50
Senior Members >65 years old)		Student Members	
1 year	\$120	1 year	\$35
3 years	\$324	Gift membership	
5 years	\$510	1 year	\$120

Send with a cheque or money order to:
VMWS Secretariat
 PO Box 202
 East Melbourne VIC 3002
 E-mail: vic@afmw.org.au
 Or direct transfer to VMWS:
 BSB: 033 089
 Account Number: 297664

Please include your initials and surname in the transfer information, and enter the date of transfer here: _____

Name: _____

Email: _____

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Phone: _____ Fax: _____

Practice Address: _____

Specialty: _____

Students: Year of graduation: _____

Please send my VMWS correspondence via mail

I do not want other VMWS members to have access to my e-mail address.

I do not want to receive electronic AFMW correspondence.

I do not wish other AFMW members to have access to my e-mail address.

* Student members will receive only electronic correspondence

Office use only: email database payment: EFT cheque _____ receipt