

# Victorian Medical Women's Society Newsletter

Founded 1896



Celebrating our history, advancing our future

October 2016

[afmw.org/vic](http://afmw.org/vic)

Volume 14 Issue 4

## President's Report

### Associate Professor Deb Colville

Dear Members

Welcome to our October newsletter.

I commend to you the articles commenting on our event about doctors' roles in preventing domestic violence by Ms Lydia Stefano, Sarah Kari's observations on patient-doctor interaction, and Dr Claire Felmingham's articles on environmental health, and feminist writing relevant to doctors. We are still campaigning about gender including LGBTIQ (1) issues, in both profession relationships, and for patient care, as Mr John Lee, Austin medical student, reports.

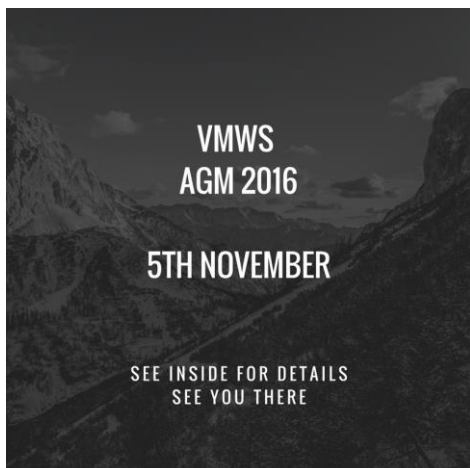
We have invited Merrilyn Murnane to address us about Constance Stone. I look forward to catching up at our AGM. As we have some vacant portfolios, I hope some of you will join our committee.



Kind regards

Deb Colville  
President

1 LGBTIQ Lesbian Gay Bisexual Transgender Intersex & Queer



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## VMWS Committee 2015/6

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 Ms Sylvia Ye  
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ARE YOU INTERESTED IN

# Job Sharing?

JOIN OUR  
 CONFIDENTIAL DATABASE

Contact: [michalak.kasia@gmail.com](mailto:michalak.kasia@gmail.com)

### A prospective job sharer for 2017 seeks:

- Resident/HMO2 position
- At Austin, St V's, Northern or Western Hospitals
- Specialty areas: O&G, medicine, paediatrics, psychiatry, other GP-- relevant rotations
  - *Especially* seeking interest from a doctor willing to work 6 months full-time in O&G for second half of 2017
  - And/or, interest for a part-time job sharer for second half of 2017 (working 2-3 days per week)

## Events Calendar 2016

Month	Date and event	Location (if known)
November	Sat 5 <sup>th</sup> : AGM, Constance Stone Oration	AVANT, Bridge Rd
December	Mon 5 <sup>th</sup> : VMWS Committee meeting	Lyceum Club

# The Victorian Medical Women's Society Announces Our Annual General Meeting



**NOVEMBER 5th, 2016**

**AVANT, 543 Bridge Road, Richmond**

**Parking available on Bridge Rd and Palmer St**

### **SCHEDULE:**

**5.30pm: Pre-drinks**

**6.00pm: AGM Commencement**

**5:45pm: Constance Stone Oration**

**7.00pm: Dinner**

**RSVP: [VIC@AFMW.ORG.AU](mailto:VIC@AFMW.ORG.AU)**



**\*\*The VMWS AGM is open to members only.**

**\*\*Dinner is free for members. Guests welcome at the dinner, at a cost of \$75 pp.**





## Preventing Partner Violence: Event Report

*Ms Lydia De Stefano, Student Representative - Monash University*

On the 7th of September a group of medical women met at the Royal Women's Hospital to discuss the doctor's role in identifying and responding to family violence. After finger food, we were delighted to welcome a number of esteemed speakers to talk to this topic.

The first presentation was from Associate Professor Jan Coles, a long-term member of the VMWS and an academic family physician at Monash University's Department of General Practice. Jan has researched in the area of sexual violence and is a leading contributor to the PACTS project - an innovative primary care program advancing competency to support family violence survivors. Jan gave an interesting talk on recognising family violence and how best to respond during a consultation.

Next up was Dr Angela Williams, a senior forensic physician with the Victorian Institute of Forensic Medicine and Senior Lecturer for Monash University. Angela, unencumbered by slides or notes, gave an entrancing speech on how partner violence begins, what it looks like and how children may be affected for years to come.

Thirdly we welcomed Dr. Ron Schweitzer, a general practitioner and facilitator of Men's Behaviour Change Groups. Ron offered an intriguing perspective, presenting on recognising and working with men who are violent and abusive in the home.

Our next speaker, Dr Nichola Davis (a medicolegal advisor for the Medical Indemnity Protection Society [MIPS] and the Chairman of the MIPS Claims Senior Management Group) spoke about an audit she recently conducted into the common issues reported by MIPS members in relation to partner violence.

After the talks, we had an opportunity to ask the speakers questions, leading to an engaging discussion which lasted much longer than the allocated 15 minutes! Overall it was a fantastic evening, although we only wished that more VMWS members were able to attend.



## Agency in the patient-physician relationship: some unfledged observations.

*Ms Sarah Kari, Student Representative, Monah University*

I sat in and observed an antenatal clinic at a public hospital a few months ago. The obstetrician and I provided information to a pregnant woman and her partner who had come in to the hospital for an antenatal appointment.

The woman was in her early 30s, slim, very healthy, tertiary educated, professionally employed and this was her first baby. She had a low risk pregnancy. She was supported by her husband, who had children with his previous wife, but that was long ago and with less involvement so he was keen this time around to hear all the information as well.

They lived in this particular hospital's catchment area, which meant that they were prevented from seeking public antenatal care through the Royal Women's Hospital, even though the latter was a shorter drive and their preferred option for birth.

As the pregnancy was at term, and this was a public clinic, there was a brief discussion about how to recognise the signs of labour and what to do when they occurred. The woman had attended the antenatal classes provided by the hospital, had attempted some internet research and to read some books to prepare for the birth. Today, however, she was interested in talking about "what it was really going to be like."

She was under the impression she was compelled to present to this hospital and not the Royal Women's when she was in labour. We talked about the distance to drive, the different birth facilities at the two labour wards, the (unpredictably variable but quite possibly identical) skills of the midwives at the two locations, and whether she would be turned away if she went to the Women's instead.

The main barrier to providing "full" information was the time available for the appointment - she clearly had more questions about what happens in labour, complications, etc but there was a waiting room full of patients behind her. Another more subtle barrier was the obstetrician's awareness of the systems problem – overloading the Royal Women's – that would happen if there was full information given to the patient so she could compare the two options. We discourage consumer sovereignty with this myth of "you must birth where you're told to."

Because she was relatively young and healthy, and therefore low-risk, the obstetrician didn't mention the deeper resources available at the Royal Womens (ICU, NICU, 24-hour theatre staff and blood bank) versus at this smaller hospital we were in at the time (none of these, a level 2 nursery only). But, as they say, anyone can have a post-partum haemorrhage.

It's tricky because I wouldn't want to scare the woman for no reason by talking about complications that may never occur, however it is paternalistic to withhold information by assuming she was incapable of utilising it to inform her choice. In the end, the woman was advised to call this smaller hospital we were sitting in when she went into labour. I don't know where she ended up for the birth.

Your VMWS  
newsletter is  
getting  
greener!

WE WANT TO UTILISE  
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The relationship can never reach the ideal of perfect agency because the physician never seems to have a good understanding of the individual patient's values and beliefs. And the patient never has a good understanding of the full range of medical options and treatments available.

Working memory has a limited capacity, so how can humans, even doctors, hold all that information in mind at once, to be able to meaningfully weigh the risks and benefits. Some doctors deal with this limitation by prescribing according to habit. Some doctors focus on headline outcomes (number of deaths, number of complications) and don't enquire into the patient's desire or preferences for a 'good birth', or even actively belittle the patient's birth plans and discourage expectations of any sort.

A person's ability to weigh information is further impaired by fears and anxiety clouding their judgement and shortening their attention<sup>1-2</sup>. This affects both doctor and patient.

The doctor may also be conflicted from conveying full information by their paid role as employee, and as a steward for a system of public resources. You could imagine discussions around hospital boardroom tables along the lines that we have to discourage these rich, healthy, educated women – who already are so privileged – from utilising a public facility that is straining to provide a service to a vast area of western Melbourne, including many pockets of disadvantaged women who have no other safe location to give birth.



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## HEALTHY FUTURES VICTORIAN GOVERNMENT EMISSIONS REDUCTION TARGET CAMPAIGN

*Dr Claire Felmingham, Assistant Newsletter Editor*

Healthy Futures is a multidisciplinary organisation, made up primarily of health professionals, working to address climate change. They are currently undertaking an advocacy campaign asking the Victorian Government to set a greenhouse gas emissions reduction target of at least 25% below year 2000 levels by 2020, as part of the Government's forthcoming Climate Change Framework.

Climate change poses many threats to human health. Direct threats include heatwaves, drought, floods, and other extreme weather events. Indirect threats include changing patterns of vector borne diseases, increasing numbers of climate refugees and conflict, and food and water security issues. Climate change will disproportionately harm the health of vulnerable populations. In low and middle-income countries women and girls will suffer greater health consequences as a result of lower socioeconomic status and cultural gender roles (1).

"Tackling climate change could be the greatest health opportunity of the 21<sup>st</sup> century." (1) Health professionals and health organisations, such as the Victorian Medical Women's Society, can and should play a key role in addressing what is the defining global health issue of our time. As an organisation that advocates for vulnerable populations and supports the needs of women and children,

VMWS members are encouraged to learn more about and support this organization and their campaign and the movement for a healthier future. We plan to discuss this campaign and our involvement further at future VMWS meetings. In the meantime, if individual members are interested in joining the campaign by adding their names to a letter to the Victorian Government, please find more information at:

<http://www.healthyfutures.net.au/climate>.

1. Watts N, Adger WN, Agnolucci P, et al. Health and climate change: policy responses to protect public health. Lancet 2015; published online June 23. [http://dx.doi.org/10.1016/S0140-6736\(15\)60854-6](http://dx.doi.org/10.1016/S0140-6736(15)60854-6)

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## My year of feminist reading

*Dr Claire Felmingham*

This year, as part of a feminist book club, I have been meeting monthly with good friends and powerful books, discussing life, work, identity, and politics through a gender lens. Here are my highlights and recommendations, including the books that have most challenged, inspired, and affected me.

### 1. **Feminism is for Everybody, by bell hooks**

Out of all of the books I read this year, this one expanded my feminist thinking the most. It unveiled for me both simple terminology and quite complex ideas concerning feminism. For the first time I properly understood intersectionality, the problems with ‘white feminism’, the difference between reformist and revolutionary feminism, the meaning of global feminism, and the idea that feminism is a worldview of equality, non-violence, and anti-racism, not exclusively concerned with gender. Bell hooks makes complicated ideas seem simple and obvious. She has very strong, and – what might be for some people – somewhat controversial opinions. This combined with her open-mindedness, thoughtful logic, compassion, and her clear and engaging writing style makes for an exciting and enlightening read. This is the perfect introduction to feminist theory.

### 2. **Lean In, by Sheryl Sandberg**

I know that this book has received a lot of criticism, but I think it is a fruitful source of ideas if taken as a memoir and less as a manifesto. In her defence, Sandberg acknowledges early on that there are important external as well as internal barriers to women progressing at work, and that she is focusing on the latter. This book famously quotes illuminating studies on female leadership and unconscious bias. It brought to my attention the need to constantly be on the look out for, and question my own gender bias. Although she writes mostly about the business and tech world, I found Sandberg’s advice to be extremely relevant to women in medicine. Asking yourself “What would you do if you weren’t afraid?” and telling yourself “Don’t leave before you leave” can so naturally be applied to women choosing specialties. Similarly ensuring that you are “sitting at the table” and the notion of approaching career pathways as a jungle gym rather than as a ladder is highly relevant to medical career progression. For women making career decisions there is certainly plenty of food for thought in this book, if perhaps not always strict advice to follow.

### 3. **Persepolis, by Marjane Satrapi**

This is a beautiful graphic novel about the early life of the inspiringly rebellious Marjane Satrapi, who was growing up in Iran under the rule of the Shah, at the time of the Islamic Revolution, and during the Iraqi Invasion. In this unique autobiography she provides rare insight into the daily life of a girl growing up in these volatile political situations. She writes about the day she was suddenly required to wear a headscarf to school and tear pictures of the Shah out from her textbook. She shares with us stories of relatives and family friends who rebelled against the Shah and underwent imprisonment and torture. Dangerous



protests and political discussions were part of her everyday childhood. I was surprised by how much I could learn, laugh, and even cry from the power of these simple black and white graphics. Satrapi explores issues of safety, independence, family, identity, and belonging with courage and honesty, and shares beautiful nuggets of wisdom gained from her loving parents and grandmother, and her unique experience.

#### **4. Redefining Realness, by Janet Mock**

Janet Mock's blend of the personal and political makes for an especially engrossing memoir. Mock shares with us her journey of discovering and owning her identity, and becoming an inspirational activist and leader for the transgender community. She speaks first of her challenging journey to self understanding, initially coming out as a homosexual male, never having heard or understood terms such as "trans", "transgender", and "transsexual". Rejection, bullying, and isolation unsurprisingly leads to increased rates of mental illness, substance abuse, and sexual abuse in the transgender community. These are issues Mock illuminates with her personal narrative, as she opens up about the struggle of feeling accepted and even safe, at school and in the community. With vulnerability and strength Mock shares her experience of sexual abuse and bullying, and the importance of supportive medical professionals, friendship, and family. This book will make you ask big questions and think deeply about controversial issues such as gender and identity.

#### **5. Bad Feminist, by Roxane Gay**

I find this accomplished book of essays difficult to summarise, because the content is so varied and there are so many insights. Coming from unique and sometimes unexpected angles, Roxane Gay explores topics such as sexism and racism in popular culture, reproductive rights in the US, violence against women and sexual violence, and police brutality and racism in the US. Gay's wide-ranging subject matter perpetuates the intersectionality of her feminism. Her writing is intelligent and progressive and it is a pure joy to read and be challenged by her thinking. Among some of my favourites of these addictive essays are 'Girls, Girls, Girls', which discusses how women are depicted in movies and television and our great, often unmet expectations of feminist works; 'Garish, Glorious Spectacles', which examines the idea of woman as spectacle, and the pressure on women to perform their gender; 'The Solace of Preparing Fried Foods', which explores the importance and difficulty of writing about difference while avoiding cultural appropriation and stereotypes; and 'The Alienable Rights of Women', which studies the dangerous and regressive debate of reproductive rights in the US. By turns hilarious and profound, this book has made me a better reader, media-consumer, and thinker.

#### **Other Honourable Mentions:**

#### **6. The Woman Warrior by Maxine Hong Kingston**

This beautifully written memoir seamlessly combines Chinese mythology and modern storytelling to explore themes of immigration, identity, and feminism with a focus on the lives of Chinese women.

#### **7. A Vindication of the Rights of Women by Mary Wollstonecraft**

First published in 1792, the progressive Wollstonecraft argues for the education of women, and the inclusion of women in professions, for the betterment of society. In parts it is obvious that this book is centuries old, yet in others the issues raised are surprisingly relatable and contemporary.

#### **8. 7 Myths of Women and Work by Catherine Fox**

This Australian book logically explores and dispels 7 myths of women and work, including the myth of meritocracy, the myth that the gender pay gap is exaggerated, and the myth that women should act more like men.



## 9. A Room of One's Own by Virginia Woolf

This beautifully written extended essay focuses primarily on the history of women and fiction. Woolf argues that in order to achieve the potential from which they have long been held back, women need to have financial independence and a private space in which to work.

## 10. My Life on the Road by Gloria Steinem

Through years of traveling with a curious mind and open heart, Steinem has developed an unrivalled gift for connecting with people. In this book we see how her life on the road has led her to become a revolutionary organiser, activist, and feminist icon.

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## Austin Students Host Gender Discrimination Panel

*John Lee, MD3, Austin Clinical School*

On Tuesday, the 6<sup>th</sup> of September, the Austin medical student subcommittee hosted a panel about gender discrimination in medicine. This panel was a part of the national medical student movement called Blue Week, which is a week where we raise awareness about issues affecting mental health and general wellbeing.

There were many reasons as to why our student collective wanted to discuss gender discrimination during Blue Week. Essentially though, we wanted a space to talk about gender discrimination as it profoundly affects people's lives. We acknowledged that when you talk about gender issues you're actually talking about issues affecting a person's life trajectory.

The medical field isn't much different from the rest of society. Structural and cultural discrimination is still prevalent and it affects our female and LGBTBIQ colleagues disproportionately.

Much to our joy and relief, the evening was a success. We had the whole hierarchy of the hospital present, from hospital and HR executives to 1<sup>st</sup> year medical students.

We really have to thank the VMWS for their support of the evening. We'd like to especially thank Associate Professor Deb Colville, Professor Sonia Grover and Dr. Elysia Robb for sitting on our panel.

There has already been talk of policy changes and regular meet-ups within the hospital to instigate a well-needed cultural movement to seek equal opportunities for people of any gender. As students, we were proud to organise and be a part of the event.

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## VMWS Mentoring Programme

Are you interested in being part of our program? We are looking for medical women at all stages of their careers who would like to have a mentor or be a mentor and gain all the fantastic benefits associated with both roles.

Are you a doctor in training who might have some insights to share with students, or an intern wanting advice from an established medical woman in your chosen specialty, or a retired physician with a bit more time and would like to share your experiences with a more junior member of the profession? We would love to hear from all of you!

Our programme will involve an initial 12 month commitment with at least one meeting in person and then continued communication of your choice including by email, phone or skype if that works for you. Mentees and mentors will be matched on specialties, medical interests and location.

We currently have students on our list who are looking for mentors in areas including:

- GP
- Global and public health
- Neurology
- Plastic surgery
- Oncology
- General surgery
- Women's health
- Paediatrics
- Emergency medicine
- Anaesthetics
- Dermatology
- Indigenous health

For more information or to register your interest, please email the Mentoring Program coordinators Dr Cara Beck ([carajbeck@gmail.com](mailto:carajbeck@gmail.com)) or Dr Alyce Wilson ([alyce.n.wilson@gmail.com](mailto:alyce.n.wilson@gmail.com))

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## Meet the Committee

Each newsletter features some of our fabulous committee members, so you can get to know your representatives.

### Ms Christine Shanahan

*Student Representative, Deakin University*

Christine is studying her third year of medicine at Deakin University and is based at University Hospital Geelong. In her previous life she was a physiotherapist and worked mainly in acute trauma and orthopaedics. Christine's main areas of interest are currently acute medicine and paediatrics, but she is keeping an open mind at this early stage! She also enjoys keeping fit, exploring the beautiful surf coast, learning to surf and escaping the medical school bubble to visit her gorgeous nieces.





## 2016-2017 Nomination Form

### Nominations for:

- **Office Bearers: President, Vice President, Secretary, Treasurer**
- **General Committee Members**
  - Committee members hold varying portfolios including Strategic Planning, Website Management, Promotions Officer, Social Secretary, Newsletter Editor, AMA Representative, AFMW Representatives, Sponsorship Officer.
- **Medical Student Representatives (Monash, Melbourne, Notre Dame, Deakin etc)**
- **NCWV Representative**
- **Other Representatives**

I, Dr \_\_\_\_\_ nominate \_\_\_\_\_

For the position of \_\_\_\_\_

Your Signature: .....

Dated: \_\_\_\_\_ 2016

Name of Nominee: \_\_\_\_\_

**I accept the nomination for the above position and I am a financial member of the VMWS.**

Nominee Signature: .....

**Completed forms must be return to VMWS Secretariat on or before  
12 noon on Wednesday 26<sup>th</sup> October 2016**

A scanned copy can be email to [vic@afmw.org.au](mailto:vic@afmw.org.au) or by post to PO Box 252 East Melbourne VIC 3002

Each nominee is required to submit their CV to the VMWS Secretariat, together with their signed nomination form. Students should also attach a covering letter outlining why they wish to join the VMWS Committee.

Date my CV was emailed my CV to the Secretariat \_\_\_\_\_ 2016

### SUMMARY OF OTHER DIRECTORSHIPS HELD:

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I have read, signed and returned a copy Drop Box Policy to [vic@afmw.org.au](mailto:vic@afmw.org.au) Yes / No



# The Victorian Medical Women's Society Inc.

## Membership Invoice 1 July 2016 – 30 June 2017

ABN 67 120 250 797 - Inc A0061560B  
(MEMBERSHIP PERIOD IS FROM 1 JULY TO 30<sup>TH</sup> JUNE)

**Membership Eligibility:** Full membership is open to registered female medical practitioners (FMP); non-registered FMPs can join as an associate member, and Student membership is open to female medical students.

**(NOTE: this invoice becomes a tax receipt upon payment, please retain the top section for your records)**

Full Members	Rural Members (>100km from GPO)	Senior Members	Retired Members (>65 yrs)	Student Members
<input type="checkbox"/> 1 yr \$176.00	<input type="checkbox"/> 1 yr \$77.00	<input type="checkbox"/> 1 yr \$132.00	<input type="checkbox"/> 1 yr \$132.00	<input type="checkbox"/> 1 yr \$38.50
<input type="checkbox"/> 3 yrs \$475.20	<input type="checkbox"/> 3 yrs \$207.90	<input type="checkbox"/> 3 yrs \$356.40		<b>PGY1/2 Members</b>
<input type="checkbox"/> 5 yrs \$748.00	<input type="checkbox"/> 5 yrs \$327.25	<input type="checkbox"/> 5 yrs \$561.00		<input type="checkbox"/> 1 yr \$100.00
<input type="checkbox"/> <b>Donation: \$</b> _____				

Please complete and send the bottom section of this form to the VMWS Inc. via email or mail.

### 1. PLEASE TICK WHICH TYPE OF APPLICATION YOU WISH TO REQUEST:

- I am applying for new membership. Please complete the Membership Declaration and make payment.
- I am changing my membership category. Please complete the Membership Declaration and make payment
- I am renewing my membership. Only renewal payment is required

Date payment  
made:

### 2. MEMBERSHIP DECLARATION:

I wish to become a member of the Victorian Medical Women's Society Inc., and will support the purposes of the Association and agree to comply with the Rules of the Association (available here).

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

### 3. MEMBERSHIP DETAILS

Membership Type: \_\_\_\_\_ Duration: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Title, First Name & Surname: \_\_\_\_\_

Alternative Surname (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Intern Year: \_\_\_\_\_

Specialty/Area of Practice: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Car-pooling: Potential driver:  Potential passenger:

**NOTE:** When you join the VMWS you get 3 memberships for the price of 1!: the Australian Federation of Medical Women (AFMW) and the Medical Women's International Association (MWIA). You will automatically be subscribed to all three mailing lists and your email address may be shared with other AFMW members.

**VMWS newsletters are distributed electronically, unless you request otherwise.**

**4. Membership Payment: CHQ to Victorian Medical Women's Society. Post:** VMWS Secretariat, PO Box 252, East Melb VIC 8002; **Electronic Transfer** to Victorian Medical Women's Society; **BSB: 033 089; Act No: 297664.** Please **include your name** in the **transfer info.** Refer to [www.afmw.org.au/vic](http://www.afmw.org.au/vic) for our privacy policy.

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