

MoWWA Inc. Membership Application Form 2025 / 2026

Are you a Service Provider?

- **Yes:** Please complete pages 1 3 for your membership application.
- No: If you're not a Service Provider, please fill in your contact details and skip to page 3.

Details		
Full name of organisation or name if not a Service Provider:		
ABN number:		
Website:	Email address:	
Contact phone number(s):		
Postal address:	Suburb/town/postcode:	
Street address (if different):	Suburb/town/postcode:	
Contact Person Details		
Contact Person (1 st Contact):	Position:	
Mobile number / other contact details:	Email address:	
Contact Person (2 nd Contact):	Position:	
Mobile number / other contact details:	Email address:	
Email for Volunteer Applications:	Email for Meals Enquiries:	
Chairperson's Details		
Full name:	Title:	
Mobile number:	Email address:	
Service Meal Source		
Where do you source your meals? (please tick	x)	
☐ Produced in your services' kitchen		
☐ Local hospital or nursing home		
☐ Purchased from another Meals on Wheels service Which?		
☐ Utilising another supplier Which?		



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Which? Other (Please Specify): Discourse of Unded by:		Purchased from another distribution hub		
Funding Is your service funded by:		Which?		
Is your service funded by:		Other (Please Specify) :		
Is your service funded by:				
□ Department of Health and Aged Care (DOHAC) □ Fundraising □ Other sources (please specify) Governance Governance of organisation: (please tick one) □ Volunteer Management Committee □ Local government (Council) □ Other (please specify): Meal Distribution Please State the Aged Care Planning Regions where your service is provided: Number of meals delivered per month (Estimate) (CHSP: HCP: NDIS: Other (please specify): □ Hot □ Chilled □ Frozen Trademark Does your service use the Meals on Wheels brand? □ Yes □ No Does your service use the Meals on Wheels □ Yes □ No Does your service use the Meals on Wheels □ Yes □ No Does your service use the Meals on Wheels □ Yes □ No Does your service use the Meals on Wheels □ Yes □ No Does your service use the Meals on Wheels □ Yes □ No Does your service use the Meals on Wheels □ Yes □ No Does your service use the Meals on Wheels □ Yes □ No Does your service use the Meals on Wheels □ Yes □ No Does your service use the Meals on Wheels □ Yes □ No Does your service use the Meals on Wheels □ Yes □ No Does your service use the Meals on Wheels □ Yes □ No Does your service use the Meals on Wheels □ Yes □ No Does your service use the Meals on Wheels □ Yes □ No Does your service use the Meals on Wheels □ Yes □ No Does your service use the Meals on Wheels □ Yes □ No Does your service use the Meals on Wheels □ Yes □ No Does your service use the Meals on Wheels □ Yes □ No Does your service use the Meals on Wheels □ Yes □ No Description				
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Privacy Procedure Summary:

We collect, use, and disclose your organization's information to:

- Provide, manage, and enhance our services.
- Conduct surveys and research.
- Address your queries and concerns.

We may also handle personal information to comply with legal requests

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MoWWA Membership Terms and Conditions - 2025

MoWWA Constitution:

I agree to abide by the constitution of Meals on Wheels WA Inc. (MoWWA), which outlines the organisation's purpose, structure and governance.

MoWWA Best Practice Guides:

I understand and agree to support MoWWA's commitment by:

- Regularly delivering meals (at least three times per week, if possible) to clients' homes.
- Monitoring clients' health and wellbeing through regular welfare checks.
- Reducing social isolation and loneliness by fostering social connections with clients.
- Building community capacity through volunteer opportunities.

Membership - October 2025 to AGM 2026:

I acknowledge that the elected committee of MoWWA has the authority to make decisions on behalf of the membership.

I agree to conduct myself in a manner that reflects positively on MoWWA and its affiliates.

I understand the importance of actively supporting MoWWA's aims and objectives.

Use of Trademark:

By becoming a member of MoWWA, my organisation may apply for a Licence Agreement to utilise the trademarked MoW logo, along with the phrases "More than Just a Meal," "MoW," and "Meals on Wheels."

Name of Authorised Person:	Position :
Signature:	Date

TAX INVOICE Meals on Wheels WA ABN: 301 138 840 05

The fee to join to become a MoWWA member is \$100 annually.

Please make payment to:

Account: 407306

Meals on Wheels WA Inc Bank: Westpac Bank BSB: 036-072

Where to send the completed Form

Please return the completed form by mail / email back to MoWWA:

Email: mowwa@mealsonwheelswa.org.au

Mail: Meals on Wheels WA Inc.

8/47 Forrest Avenue, East Perth WA 6004