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 (1st Contact):	**Position:**
Mobile number / other contact details:	**Email address:**
Contact Person (2nd 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) ☐ Produced in your services' kitchen ☐ Local hospital or nursing home ☐ Purchased from another Meals on Wheels service Which? ☐ Utilising another supplier Which?	

☐ Purchased from another distribution hub
Which?
☐ Other (Please Specify) :

Funding

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)**	**Number of clients (Estimate)**
CHSP:	CHSP:
HCP:	HCP:
NDIS:	NDIS:
Other (please specify):	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 logo?	☐ Yes ☐ No

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

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:
Meals on Wheels WA Inc
Bank: Westpac Bank
BSB: 036-072
Account: 407306

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