



# Workplace Health Association Australia

## About us

Australia's peak body representing the corporate wellness industry. We are committed to enhancing the health, wellbeing and productivity of organisations and their employees through the provision of a broad range of professionally delivered products and services. WHAA's purpose is to be the pre-eminent voice for the corporate wellness industry in Australia, and for its members to be the first choice for those seeking corporate wellness services.

## Our Objectives

**Advocacy** To progress the agenda of Workplace Health & Wellbeing, and in doing so represent the interests and needs of members (and the industry) at all levels of key stakeholders including Government, employers and community.

**Quality** Ensure members and the association are strongly recognised as credible agents for the delivery of high quality services and products.

**Leadership** Provide meaningful education and guidance to the market which in turn drives growth and leads the industry forward.

**Foster collaboration & opportunity** Facilitate positive and collaborative interaction between members and relevant aligned industries and stakeholders to support the creation of opportunities.

## Join us...

As we change the face of workplace health across Australia



Workplace Health  
Association Australia

# Member Packages

| Sponsor        | Provider Member | Corporate & Government | Individuals  | Students    |
|----------------|-----------------|------------------------|--------------|-------------|
| \$2,000 ex GST | \$1,000 ex GST  | \$1,000 ex GST         | \$250 ex GST | \$50 ex GST |

# Member Benefits

| Benefits  | Sponsor      | Provider Member | Corporate & Government Members | Individuals  | Students     |
|---|--------------|-----------------|--------------------------------|--------------|--------------|
| Company logo represented on WHAA website  | √            | √               |                                |              |              |
| Company listing on WHAA Member Directory  | √            | √               |                                |              |              |
| Ability to display WHAA logo on company website, collateral and emails                            | √            | √               | √                              |              |              |
| Receive WHAA newsletter   | √            | √               | √                              | √            | √            |
| Ability to provide service or product offer to WHAA member to be distributed in member newsletter | √            |                 |                                |              |              |
| Access to industry research, case studies, industry trends and government policy reviews          | √            | √               | √                              | √            | √            |
| Invitation to WHAA Leadership Forums & AGM  | √            | √               | √                              |              |              |
| Voting Rights at WHAA General Meetings (1vote)  |              | √               |                                |              |              |
| Discount rates for WHAA events- State and National  | 25% discount | 25% discount    | 25% discount                   | 15% discount | 15% discount |
| Discount on exhibition space at national conference or state events                               | √            | √               | √                              |              |              |
| One complimentary admission ticket to WHAA’s national conference or state events                  | √            | √               | √                              |              |              |
| Opportunity to insert marketing collateral into delegates packs at national conference            | √            |                 |                                |              |              |
| Membership Certificate  | √            | √               | √                              | √            | √            |



# WHAA Member Application Form

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| Title                | Surname              | Given Names          | Date of Birth        |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

## BUSINESS DETAILS

Company Name

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| City/Town            | State                | Postcode             |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Phone

Mobile

Email

## MAILING ADDRESS

IF DIFFERENT TO BUSINESS ADDRESS

Position

Address

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| City/Town            | State                | Postcode             |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Fax

Web URL

I wish to apply for;

- |  |   |
|--|---|
| <input type="checkbox"/> Sponsor Membership (\$2,000 + GST)              | <input type="checkbox"/> Individual Practitioner Membership (\$250 + GST) |
| <input type="checkbox"/> Provider Membership (\$1,000 + GST)             | <input type="checkbox"/> Student Membership (\$50 + GST)                  |
| <input type="checkbox"/> Corporate/Government Membership (\$1,000 + GST) |   |

## Payment Method

Cheque  Credit Card  Direct Transfer (Westpac: IHPM Aust. Ltd: BSB 032 007: Acc# 366 626)

Card Type:  MasterCard  Visa Card Number: \_\_\_\_\_ Exp. Date: \_\_/\_\_/\_\_ CCV \_\_\_\_

Name on Card: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature

Return this completed form to: [admin@workplacehealth.org.au](mailto:admin@workplacehealth.org.au)

