



**NATIONAL COUNCIL OF WOMEN OF WA INC**

*Affiliated with National Council of Women of Australia and  
International Council of Women*

**AFFILIATE MEMBERSHIP RENEWAL FORM**

**Annual Subscription due annually on 1 July**

I/We wish to renew Affiliate Membership of The National Council of Women of WA (Inc)

Name of Organisation: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

President: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Members: \_\_\_\_\_

Meetings Held: \_\_\_\_\_ AGM: \_\_\_\_\_

Aims of Organisation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of President: \_\_\_\_\_

and/or Secretary: \_\_\_\_\_

Annual subscriptions are \$66 payable on acceptance and due for renewal on 1 July each year. (For rural organisations based more than 100kms from the Perth CBD, or organisations that have 20 or fewer members, the annual subscription is \$60). The Newsletter is available free by email; however, if you require it to be posted, please add \$12 to the subscription.

**PRESIDENT:** Robyn Nolan  
**SECRETARY:** Helen McDoragh  
**TREASURER:** Sally Plummer



National Council of Women of WA Inc  
PO Box 6224 East Perth WA 6892  
**M** 0417 917 294  
**E** robynmn@bigpond.net.au  
**W** www.ncwwa.org.au



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### NOMINATED DELEGATES

#### DELEGATE 1

Name of Organisation: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

#### DELEGATE 2

Name of Organisation: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

#### PROXY

Name of Organisation: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

#### FOR OFFICE USE ONLY

Receipt No \_\_\_\_\_

Amount \_\_\_\_\_

Date \_\_\_\_\_

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### SUBSCRIPTION DETAILS

Please complete the following as it relates to your organisation.

CBD Membership	\$
Rural Membership	\$
Fewer than 20 memberships	\$
Voluntary donation to ICW World (\$5 \$10 \$15 \$20 Other)	\$
Assembly Representation Fund	\$
Postage	\$
Total	\$

Should you wish to pay your subscription by Electronic Funds Transfer, please ensure that you identify your name in the 'Comments' field, keep a record of the transaction and email to us a completed copy of this form.

The details you will require are:

Account Name	National Council of Women of WA Inc
BSB	066 110
Account No	1015 7530

#### FOR OFFICE USE ONLY

Receipt No \_\_\_\_\_  
Amount \_\_\_\_\_  
Date \_\_\_\_\_

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