

NATIONAL COUNCIL OF WOMEN OF WESTERN AUSTRALIA INC.

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

APPLICATION FORM FOR AFFILIATE MEMBERSHIP

*I/we wish to make an application to become an Affiliate Member
of the National Council of Women WA inc.*

NAME of ORGANISATION: _____

Address: _____ Postcode: _____

Phone: _____ Mobile: _____ Email: _____

PRESIDENT: _____

Address: _____ Postcode: _____

Phone: _____ Mobile: _____ Email: _____

SECRETARY: _____

Address: _____ Postcode: _____

Phone: _____ Mobile: _____ Email: _____

AIMS of ORGANISATION: _____

Number of Members: _____

SUBSCRIPTION DETAILS

Please complete the following as it relates to your organisation

CBD Membership	\$
Rural Membership	\$
Fewer than 20 Members	\$
Donations	\$
Total	\$

ANNUAL SUBSCRIPTION FEE PAYABLE: \$66.00

Should you wish to pay your subscription by Electronic Funds Transfer, please ensure that you enter your name as the reference, keep a record of the transaction and email to NCWWA a completed copy of this form.

Bank details :	Account name :	National Council of Women WA Inc
	BSB:	066 110
	Account Number	1015 7530

Signature of President: _____

and/or Secretary: _____



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NOMINATED DELEGATES

DELEGATE 1

Name of Organisation: _____

Name of Delegate: _____

Address: _____ Postcode: _____

Phone: _____ Mobile: _____ Email: _____

DELEGATE 2

Name of Organisation: _____

Name of Delegate: _____

Address: _____ Postcode: _____

Phone: _____ Mobile: _____ Email: _____

PROXY

Name of Organisation: _____

Name of Delegate: _____

Address: _____ Postcode: _____

Phone: _____ Mobile: _____ Email: _____

FOR OFFICE USE ONLY

Receipt number: _____

Amount: _____

Date: _____

PRESIDENT: Robyn Nolan
TREASURER: Sally Plummer



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