



## NATIONAL COUNCIL OF WOMEN OF WESTERN AUSTRALIA INC.

### 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