



NATIONAL COUNCIL OF WOMEN OF WESTERN AUSTRALIA INC.

AFFILIATE MEMBERSHIP RENEWAL FORM

I/we wish to renew Affilliate Membership 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 Memberships	\$
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 are :

Account name :	National Council of Women WA Inc
BSB:	066110
Account Number	1015 7530

Signature of President: _____

and/or Secretary: _____

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