

**NATIONAL COUNCIL OF WOMEN OF WESTERN AUSTRALIA INC.**

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

**ASSOCIATE MEMBERS APPLICATION FORM**

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

Last Name: \_\_\_\_\_ Given Names: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**OTHER INTERESTS AND ORGANISATIONS**

Member of \_\_\_\_\_

Not a member but interested in: \_\_\_\_\_

Other interests / activities: \_\_\_\_\_

Are you a former organisational delegate? Yes/No

If yes, from when? \_\_\_\_\_ How long? \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signature of Sponsor: \_\_\_\_\_

Name and Address of Sponsor: \_\_\_\_\_

**ANNUAL SUBSCRIPTION FEE PAYABLE: \$55.00**

*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

**FOR OFFICE USE ONLY**

Receipt number: \_\_\_\_\_

Amount \_\_\_\_\_

Date: \_\_\_\_\_

PRESIDENT: Robyn Nolan  
TREASURER: Sally Plummer