

**NATIONAL COUNCIL OF WOMEN OF VICTORIA INC.**POSTAL ADDRESS:
PO Box 18186
Collins Street East
Melbourne 8003Tel: 03 9421 1602
Email: ncwvic@bigpond.com
Regd No: A0004465H
ABN: 18227073059

ORGANISATION MEMBERSHIP RENEWAL 2014 - 2015

Tax Invoice No GST applicable

Please complete the following sections and return the completed form with your payment

ORGANISATION TITLE _____

MAILING ADDRESS _____ Post code _____

TELEPHONE: BH _____ AH _____ EMAIL _____

FAX _____

PRESIDENT/CEO _____ TELEPHONE _____

DELEGATE 1: NAME _____

ADDRESS _____

TELEPHONE _____ EMAIL _____

DELEGATE 2: NAME _____

ADDRESS _____

TELEPHONE _____ EMAIL _____

TWO PROXIES (Name only)

FEES FOR 2014- 2015

(PLEASE TICK APPROPRIATE BOX)

A. ORGANISATION MEMBER \$160We would like to give a Donation towards NCWV work. \$Would the Office like to receive the NCWV materials by email? Yes NoAre you willing for your group's name to appear on our website? Yes No

Your privacy – The NCWV is committed to complying with Australia's Privacy Act. Our primary purpose in collecting information is to enable us to operate as a membership organisation whose primary objective is to enhance the status of women. We may use your information to respond to your requests or to contact you via mail, email or phone for support of work we do unless you have advised us in writing that you do not wish to receive the information.

Authorising Signature _____ Date _____

Return this form to the postal address OR ELECTRONICALLY as listed above.

A cheque for \$_____ is enclosed OR \$_____ by Electronic Transfer to:

Account name: National Council of Women of Victoria Inc.**Bank:** WESTPAC 263 Victoria Street Abbotsford 3067**BSB:** 033 031 **Account Number:** 263920**Reference:** Please use your last name and initial plus the word – 'Membership'OFFICE USE ONLY: Receipt No. _____ Date _____ Entered _____