

INDIVIDUAL MEMBERSHIP RENEWAL 2017 – 2018

Tax Invoice- No GST is applicable. Please complete the following sections, retain a copy for your records and return the completed form with your payment

TITLE: Dr Ms Mrs Miss Other (Please state)

NAME:

MAILING ADDRESS:

Postcode

PHONE:

M:

EMAIL:

PRESENT OCCUPATION:

FEES FOR 2017– 2018: (Please circle the appropriate category)

A. Individual Member \$80 B. Individual Member (Concession) \$60
C: Young NCWVic \$30

DONATION \$

(Please circle the appropriate category)

- For NCWV work in general
- 'Civics and Citizenship' Fund for work with YoungNCWVic

Are you happy to receive the NCWV materials by email? Yes No

Are you willing for your name/image to appear in our publications? Yes No

To comply with the Commonwealth Privacy Act, I hereby give permission for NCWV to include the above details in the database which is maintained for the sole purpose of conducting the business of NCWV. I understand that my contact details will not be given to a third party without my express permission, and that we will not give members' contact details to a third party without those members' express permission

Signature:

Return this form to the postal address or email as listed above.

A cheque for \$ _____ is enclosed OR

Electronic Transfer of \$ 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 provide your last name and initial and word - Membership

OFFICE USE ONLY: Receipt No. _____ Date _____