

ORGANISATIONAL MEMBERSHIP RENEWAL 2017 - 2018

Tax Invoice No GST applicable

Please complete the following sections, retain a copy for your records and return the completed form with your payment

ORGANISATION TITLE

MAILING ADDRESS

Post code

CONTACT TELEPHONE:

EMAIL

PRESIDENT/CEO
TELEPHONE

DELEGATE 1:

NAME

ADDRESS

TELEPHONE

EMAIL

DELEGATE 2:

NAME

ADDRESS

TELEPHONE

EMAIL

TWO PROXIES (Names only)

FEES FOR 2017- 2018: \$160

We would like to give a Donation towards NCWV work. \$

Would the Office like to receive the NCWV materials by email? Yes No

Are 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 as listed above with a cheque 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: Use the organisation's name and 'Membership'

OFFICE USE ONLY: Receipt No

Date