
INDIVIDUAL MEMBERSHIP APPLICATION 2020– 2021

Tax Invoice- No GST is applicable

TITLE: Dr Ms Mrs Miss Other (Please list)

NAME:

MAILING ADDRESS:

Post code:

CONTACT TELEPHONE:

EMAIL:

PRESENT OCCUPATION:

NOMINATED BY:

SIGNED

SECONDED BY:

SIGNED

SCALE OF FEES (PLEASE TICK APPROPRIATE BOX)

- | | |
|---------------------------------|-------------------------------|
| A. INDIVIDUAL MEMBER | <input type="checkbox"/> \$80 |
| B. INDIVIDUAL MEMBER CONCESSION | <input type="checkbox"/> \$60 |
| C. YOUNG MEMBER | <input type="checkbox"/> \$30 |

In order to comply with the Commonwealth Privacy Act, we 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. We understand that our contact details will not be given to a third party without our express permission, and that we must not give other members' contact details to a third party without those members' express permission.

Signature

Date

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

A cheque for \$ _____ is enclosed **OR** \$ _____ sent 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 provide your last name and initial and word - Membership

OFFICE USE ONLY: Receipt No. _____ Date _____