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## INDIVIDUAL MEMBERSHIP APPLICATION 2021– 2022

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, I give permission for NCWV to include the above details in the database which is used and 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 I must not give other members' contact details to a third party without the express permission of those members.

**Signature**

**Date**

**Return this Application Form to the postal address as listed above or attach as an email, for consideration by NCWV.**

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

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OFFICE USE ONLY: Receipt No. \_\_\_\_\_ Date \_\_\_\_\_