

ORGANISATIONAL MEMBERSHIP RENEWAL 2024 - 2025

Tax Invoice No GST applicable.

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

ORGANISATION NAME

MAILING ADDRESS

EMAIL

Post code:

CONTACT

EMAIL

TELEPHONE:

PRESIDENT/CEO: NAME

EMAIL

TELEPHONE:

DELEGATES

DELEGATE 1: NAME

EMAIL

Contact in case of emergency: Name:

TELEPHONE:

Telephone:

DELEGATE 2: NAME

EMAIL

Contact in case of emergency: Name:

TELEPHONE:

Telephone:

NCWV will provide the Annual Report and monthly Newsletter to the Organisation in addition to the Delegates by email.

FEES FOR 2024 – 2025:

\$160

Our Organisation would also like to give a Donation\$.....

Privacy – 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 objective is to enhance the status of women and girls in Victoria. We may use your information to respond to your requests or to contact you via mail, email or phone for support of NCWV work, activities and events.

Logo - We hereby give permission for our Organisation name/ logo to appear on the NCWV website and in NCWV publications.

Authorising SignatureName..... Date

Return form by email to info@ncwvic.org.au or post NCWV care of 239 A'Beckett St Melbourne, 3000

Fees/ Donations - please enclose a cheque for \$ 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 Organisation name and the word – Membership [and Donation where applicable]

OFFICE USE ONLY: Receipt No:

Date: