

**MEMBERSHIP CONTACT INFORMATION AND FEES 2024 – 2025**

Tax Invoice - No GST is applicable.

**A. Completing the Form and pay your Fees - please respond by Monday 26 August 2024**

1. Complete the contact information, sign and return to [info@ncwvic.org.au](mailto:info@ncwvic.org.au) OR Registered Office above.
2. Please pay your Membership Renewal Fee by Electronic Transfer to:  
National Council of Women of Victoria Inc AT Bank: WESTPAC 263 Victoria Street Abbotsford 3067  
BSB: 033 031 Account Number: 263920 OR CHEQUE to **Registered Office** above.
3. Reference: Please provide your last name and initial and word – Membership/ Donation
4. **Life Members have paid their fees in advance and not required to pay each year**
5. Honorary Life Members are NOT required to pay Annual Fee. But those wishing to vote at AGM or stand for election must be a financial member for the relevant year (past year to vote/current year to stand).

**B. Please confirm your agreement to these 3 items**

1. I am **happy** to receive NCWV materials by **email**;
2. I am **willing** for my name/ image to appear in NCWV and NCWA publications; and
3. I **give permission** for NCWV to include my details below in the NCWV database maintained for the sole purpose of conducting NCWV activities and *understand* that my contact details will not be given to a third party without my express permission.

**Signature:** ..... **Date:**.....,

**C. MEMBER DETAILS**

TITLE – circle or specify: Dr Ms Mrs Miss Other: .....  
NAME: ..... [**inc post nominals**]  
EMAIL: ..... Phone/Mobile: .....  
MAILING ADDRESS:..... Postcode:.....  
Contact in case of emergency: Name: .....Phone/Mobile: .....

**PRESENT/FORMER OCCUPATION/EXPERTISE/SPECIALITY:**

.....

**D. FEES FOR 2024– 2025:**

2024 – 25 FEES are due by 26 August 2024. Circle the appropriate category. Reference: Please provide your last name and initial and word – Membership/ Donation.

- 1: **Individual Member - \$80 (Concession - \$60)**
- 2: **YoungNCWVic (applicable when over 18) - \$30**

**E. DONATIONS - IN ADDITION I WOULD LIKE TO MAKE A DONATION TOWARDS NCWV activities or MVMV as follows:** .....

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