

## ORGANISATIONAL MEMBERSHIP RENEWAL 2025 - 2026

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

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 2025 – 2026:

**\$160**

In addition 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 Signature .....Name..... Date .....

Return form by email to [info@ncwvic.org.au](mailto: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:

Patron in Chief: Her Excellency Professor the Honourable Margaret Gardner AC, Governor of Victoria