

INDIVIDUAL MEMBERSHIP APPLICATION 2025– 2026

Tax Invoice- No GST is applicable

TITLE: Dr Ms Mrs Miss Other (list)..... **POST-NOMINALS (list)**.....

NAME:.....

EMAIL: **TELEPHONE:**

OCCUPATION:

ADDRESS:..... **POSTCODE**.....

A. Please specify areas of interest/ experience/ expertise on page 2 of this Form

B. Please confirm your agreement to these 5 items:

1. I confirm I have read, am aware of, and accept the rules set out in the NCWV Constitution at <https://www.ncwvc.org.au/files/NCWV%20Constitution%20Updated%2004-04-2019.pdf>
2. I am happy to receive NCWV materials and Notices by email;
3. I am willing for my name/ image to appear in NCWV and NCWA publications; and
4. 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.
5. I must not give other members' contact details to a third party without the express permission of those members.

Agreement Confirmed by Applicant's Signature:

..... **Date:**.....

C. If your network includes a Member of NCWV please ask them to nominate you below:

NOMINATED BY:..... SIGNED.....

SECONDED BY:..... SIGNED.....

D. Return Application by email to info@ncwvc.org.au for consideration by NCWV Committee.

NEXT STEPS

1. You may be contacted by NCWV Committee about your Application and interest in joining NCWV.
2. After your Application is considered by the NCWV Committee and Council, you will be notified of the outcome. If approved, payment of the appropriate fee should be made by Electronic Transfer to the NCWV Account set out below.

FEES	INDIVIDUAL MEMBER	<input type="checkbox"/> \$80 PA <input type="checkbox"/> (Concession \$60)
	YOUNG NCWV (OVER 18)	<input type="checkbox"/> \$30 PA
	LIFE MEMBER	<input type="checkbox"/> \$800 <input type="checkbox"/> (Concession \$600)
	STUDENT MEMBER	<input type="checkbox"/> free

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

WHICH ARE YOUR AREAS OF INTEREST OR EXPERTISE: _____

WE INVITE YOU TO EXPRESS AN INTEREST IN THE WORK OF OUR SUB-COMMITTEES:

STATUS OF WOMEN:

Human Rights _____
Legislation _____
Conventions _____
International Relations and Peace _____

SUSTAINABLE DEVELOPMENT:

Women and Employment _____
Economics _____
Consumer Affairs _____
Rural and Regional Women _____

GENERAL WELL-BEING:

Health _____
Mental Health _____
Environment _____
Habitat _____
Nutrition _____

COMMUNICATIONS:

Education _____
Information Communication Technology (ICT), Social Media and Mass Media _____

Arts and Letters _____
Music _____

SOCIAL ISSUES:

Child and Family _____
Youth _____
Ageing _____
Multicultural Affairs _____