

ORGANISATION MEMBERSHIP APPLICATION 2026 - 2027

Tax Invoice No GST applicable

Please complete sections and return the completed Application Form by email for consideration

ORGANISATION TITLE _____

MAILING ADDRESS _____ Post code _____

TELEPHONE: BH _____ AH _____ EMAIL _____ WEBSITE _____

PRESIDENT _____ TELEPHONE _____ EMAIL _____

SECRETARY _____ TELEPHONE _____ EMAIL _____

CONSTITUTION OF APPLICANT ORGANISATION IS ENCLOSED: ☐ YES ☐ NO - LINK PROVIDED

ANNUAL REPORT OF APPLICANT ORGANISATION IS ENCLOSED: ☐ YES ☐ NO - LINK PROVIDED

NCWV will provide a copy of the Annual Report and the Newsletter to the Organisation in addition to the Delegates.

DELEGATE 1: NAME _____

TELEPHONE _____ EMAIL _____

DELEGATE 2: NAME _____

TELEPHONE _____ EMAIL _____

A. Please confirm the agreement of the Applicant Organisation to these 5 items:

1. The Applicant Organisation is aware of, and accepts the rules set out in the NCWV Constitution at <https://www.ncwvic.org.au/files/NCWV%20Constitution%20Updated%2004-04-2019.pdf>
2. The Applicant Organisation agrees to receive NCWV materials and Notices by email;
3. The Applicant Organisation gives permission for its name/ image to appear in NCWV and NCWA publications; and
4. The Applicant Organisation gives 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; and understands that contact details will not be given to a third party without express permission.
5. The Applicant Organisation must not give other NCWV/ NCWA member contact details to a third party without the express permission of NCWV/ NCWA and those members.

Agreement Confirmed by Applicant's Authorised Signatory – name and signature:

.....Date

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

NOMINATED BY NCWV MEMBER: NAME and SIGNATURE _____
INDIVIDUAL/ ORGANISATION _____

SECONDED BY NCWV MEMBER: NAME and SIGNATURE _____
INDIVIDUAL/ORGANISATION _____

FEES AND DONATIONS FOR 2026– 2027 – PAYABLE on ACCEPTANCE OF APPLICATION BY NCWV – NOT beforehand

ORGANISATION MEMBER ANNUAL FEE ☐ \$160

We would like to give a Donation towards NCWV work. ☐ \$

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

OFFICE USE ONLY: Receipt No. _____ Date _____ Entered ☐ _____

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

WHICH ARE YOUR ORGANISATIONS AREAS OF INTEREST OR EXPERTISE:

STATUS OF WOMEN:

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

SUSTAINABLE DEVELOPMENT:

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

GENERAL WELL-BEING:

Health _____
Environment _____
Habitat _____
Nutrition _____

COMMUNICATIONS:

Education _____
Mass Media _____
Arts and Letters _____
Music _____

SOCIAL ISSUES:

Child and Family _____
Youth _____
Ageing _____
Migration _____

OTHER SUGGESTIONS: _____

