



NATIONAL COUNCIL OF WOMEN OF VICTORIA INC.

POSTAL ADDRESS:
PO Box 18186
Collins Street East
Melbourne 8003

Tel: 03 9421 1602
Email: ncwvic@bigpond.com
Regd No: A0004465H
ABN: 18227073059

INDIVIDUAL MEMBERSHIP APPLICATION 2013- 2014

Tax Invoice - No GST is applicable

TITLE: Dr Ms Mrs Miss Other (Please list) _____

NAME: _____

MAILING ADDRESS _____ **Post code** _____

TELEPHONE: BH _____ AH _____ **EMAIL** _____

FAX _____ **MOBILE** _____

PRESENT OCCUPATION _____

NOMINATED BY: _____

SIGNED _____

SECONDED BY: _____

SIGNED _____

SCALE OF FEES (PLEASE TICK APPROPRIATE BOX)

- A. INDIVIDUAL MEMBER \$80
B. INDIVIDUAL MEMBER CONCESSION \$60

In order to comply with the Commonwealth Privacy Act, we hereby give permission for NCWV to include the above details in the database which is maintained for the sole purpose of conducting the business of NCWV. We understand that our contact details will not be given to a third party without our express permission, and that we must not give other members' contact details to a third party without those members' express permission

Signature _____ **Date** _____

Return this form to the postal address as listed above.

A cheque for \$ _____ is enclosed OR

\$ _____ by Electronic Transfer 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 your last name and initial and word - Membership

OFFICE USE ONLY: Receipt No. _____ Date _____ Entered

PLEASE INDICATE BELOW YOUR AREAS OF 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 _____

ADMINISTRATION:

Could you offer Voluntary Assistance towards the management of NCWV.

Please indicate area: _____