



NATIONAL COUNCIL OF WOMEN OF W.A. Inc.

Affiliated with National Council of Women of Australia and International Council of Women



PATRON: Mrs Julie Michael PRESIDENT: Dr D. Butterworth SECRETARY: H McDonagh TREASURER: S Warner

AFFILIATE MEMBERSHIP RENEWAL FORM

**I/We wish to renew Affiliate Membership of
The National Council of Women of W.A. (Inc).**

Name of Organisation: _____

Address: _____

_____ **Postcode:** _____

Phone: _____ **Fax:** _____ **Mobile:** _____

Email: _____

President: _____

Address: _____ **Postcode** _____

Phone: _____ **Fax:** _____ **Mobile:** _____

Email: _____

Secretary: _____

Address: _____ **Postcode** _____

Phone: _____ **Fax:** _____ **Mobile:** _____

Email: _____

Number of Members: _____

Meetings held: _____ **AGM:** _____

Aims of Organisation: _____

Signature of President: _____

and/or Secretary: _____

Annual Subscriptions are \$55.00 (including \$5.00 GST) payable on acceptance, and due for renewal on 31st March each year. [For rural organisations based more than 100kms from the Perth CBD, the Annual Subscription is \$49.50 including \$4.50 GST]. The Newsletter is available free by Email. If you require it posted, please add \$12.00 to the Subscription.

P.T.O.

FOR OFFICE USE ONLY

Receipt No: _____

Date Received: _____

Amount: _____

NOMINATED DELEGATES:

DELEGATE 1:

Name: _____

Address: _____

_____ Postcode: _____

Tel: _____ Fax: _____ Mobile: _____

Email: _____

DELEGATE 2:

Name: _____

Address: _____

_____ Postcode: _____

Tel: _____ Fax: _____ Mobile: _____

Email: _____

PROXY

Name: _____

Address: _____

_____ Postcode: _____

Tel: _____ Fax: _____ Mobile: _____

Email: _____