



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

APPLICATION FORM FOR AFFILIATE MEMBERSHIP

**I/We wish to make application to become an Affiliate Member 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: _____

Your application will be tabled at the next monthly Executive Meeting. When accepted, you will be invited to appoint TWO delegates, with full voting rights, to attend monthly General Meetings held every 4th Monday. Proxies may be appointed to ensure representation.

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

P.T.O.



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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: _____

FOR OFFICE USE ONLY

Receipt No: _____

Amount: _____

Date: _____

