



Country Women's Association of the Northern Territory Inc.

Name: _____ DOB _____

Postal Address: _____

Suburb: _____ PostCode _____ State _____

Phone: (____) _____ Mobile: _____

Email: _____

Fees: 2019

- Renewal Membership** - \$35.00 per year full membership (\$30 CWA NT Inc. \$5 Branch),
Member Number _____

- New Membership** - \$55.00 (includes \$20 Joining Fee)
(NOTE: This is a once only fee, if should you fail to renew your Annual membership fee before the due date each year your membership will be cancelled, and you will be required to re-join and may incur the joining fee.)

- CWA Calling Subscription only** - \$5.00 per year / 3 copies
(Please note CWA Calling included in full membership)

CWA Calling: Email / Posted Hard Copy (please note how you would like to receive your copy)

Disclosure

In the event of my admission as a member, I will be bound by the constitution of the association for the time being in force.

Members Signature _____ Date ____/____/2019

Please Tick Branch

<input type="checkbox"/>	CWA Darwin Branch	PO Box 2614	Parap	NT	0804
<input type="checkbox"/>	CWA Litchfield Branch	PO Box 1045	Coolalinga	NT	0839
<input type="checkbox"/>	CWA Groote Eylandt Branch	PO Box 128	Alyangula	NT	0885
<input type="checkbox"/>	CWA Tennant Creek Branch	PO Box 212	Tennant Creek	NT	0861
<input type="checkbox"/>	CWA Alice Springs Branch	PO Box 7971	Alice Springs	NT	0872
<input type="checkbox"/>	CWA Katherine	PO Box 1004	Katherine	NT	0851

Branch Treasurer to forward **ORIGINAL** completed form to:
CWA of the NT Inc. PO Box 890, Darwin NT 0801