



Country Women's Association of the Northern Territory Inc.

Name: _____ DOB _____

Postal Address: _____

Suburb: _____ PostCode _____ State _____

Phone: (____) _____ Mobile: _____

Email: _____

Fees: 2020

- Renewal Membership** - \$40.00 per year full membership
Member Number (if know) _____
- New Membership** - \$40.00 per year full membership
- 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 ____/____/2020

Please Tick Branch

	CWA Darwin Branch	PO Box 890	Darwin	NT	0801
	CWA Litchfield Branch	PO Box 1045	Coolalinga	NT	0839
	CWA Groote Eylandt Branch	PO Box 128	Alyangula	NT	0885
	CWA Tennant Creek Branch	PO Box 212	Tennant Creek	NT	0861
	CWA Alice Springs Branch	PO Box 7971	Alice Springs	NT	0872
	CWA Katherine	PO Box 1004	Katherine	NT	0851

Branch Treasurer to forward copy of completed form to:

CWA of the NT Inc. PO Box 890, Darwin NT 0801, cwa.nt@bigpond.net.au

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