



**Junior Membership**  
**Age 5 to 17**  
**Country Women's Association of the Northern Territory Inc.**

Junior Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent / Carer Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ PostCode \_\_\_\_\_ State \_\_\_\_\_

Mobile: \_\_\_\_\_ Alt Contact: \_\_\_\_\_

Email: \_\_\_\_\_

**Fees: 2020**

- Membership** - \$10.00 per year full membership  
Member Number \_\_\_\_\_ (issued by HO)

**Disclosure**

In the event of my admission as a Parent / Carer, I will be bound by the Constitution of the association for the time being in force. Constitution available on request.

Parent / Carers Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2020

***Please Tick Branch***

	CWA Darwin Branch	PO Box 890	Darwin	NT	0801
	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 completed form to:

CWA of the NT Inc. PO Box 890, Darwin NT 0801, [cwa.nt@bigpond.net.au](mailto:cwa.nt@bigpond.net.au)

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