



Country Women's Association of the Northern Territory Inc.

Name: _____ DOB _____

Postal Address: _____

Suburb: _____ PostCode _____ State _____

Phone: (____) _____ Mobile: _____

Email: _____

Fees: 2021

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

- New Membership** - \$40.00 per year 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 ____/____/2021

Please Tick Branch

<input type="checkbox"/>	CWA Darwin Branch	PO Box 890	Darwin	NT	0801
<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 direct debit details:

Bank _____ BSB _____ Account _____

Payment received : EFTPOS to CWANT / Cash to Branch / Direct Debit to Branch (please circle)

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 Version 5 2021