Country Women's Association of WA

Est. 1924

Application for Membership

Mrs/Miss/Ms/Other:	First name:	Surname:
**Birthday (DD/MM/YYYY): ___/___/_____ OR **Birth year (YYYY): _____ ***This information is required for Voluntary Workers Insurance purposes. Confidentiality will be maintained.*		
Postal address:	Email address:	
Mobile number:	Telephone number:	

How did you find out about the CWA? :

Please choose 1 (one) of the following 2 membership options:

Membership includes: Subscription to "The Countrywoman of Western Australia" magazine, subscription to Mailchimp (email service with information from the Associations State Office, a copy of the Association's Annual Report, access to the Members' Login on the website, the opportunity to sell hand-made items in the Association's Craft & Gift Shop, access to the Association's closed Facebook Group, CWA Voluntary Workers' Insurance, discount bookings at CWA of WA Holiday Homes and *I'M—ALERT—Food—Safety* Interactive Online Training Course.

Branch Membership ☐	Associate Membership ☐
Belong to any 1 Branch within the Country Women's Association of WA (Jan-Dec 2020). Most branches have an official monthly meeting with activities in between. ***(For Branch Membership see question 1 & 2 below)***	**Associate Membership (Jan-Dec 2020) is for women who wish to belong to the Country Women's Association of WA and support the aim of the Association but are not able to attend Branch meetings for any reason. If an opportunity arises for an Associate Member to attend a CWA branch meeting or activity, they would be welcomed as a guest.**
(Q1) Branch you are interested in joining: ***(leave blank if you don't have a specific branch in mind)***	
(Q2) To determine suitable branches for you, please list any days you have regular commitments: ***(e.g. "I work week days")***	

Membership Fee:

☐ **Branch Membership: $70.00 (Inc GST)**

OR

☐ **Associate Membership: $90.00 (Inc GST)**

Donations (optional): (Tax Deductible over $2)

☐ **Scholarship Fund (DGR) $_____**

This fund is set up to provide education scholarships for those in financial need.

☐ **Community Fund (DGR) $_____**

This fund is set up to help people in necessitous or disaster relief circumstances.

Methods of Payment:

EFT (via below fields or via phoning State Office) / Cash / Cheque / Money Order

[All State Office contact details at footer of page]

Card No ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **Expiry** ☐☐/☐☐

Cardholders Name_____

Signature _____ **Date**_____

TOTAL PAYMENT = $_____

Membership (+ Donation if applicable)

THE COUNTRY WOMEN'S ASSOCIATION OF WESTERN AUSTRALIA INC.
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