



Country Women's Association of WA

Est. 1924

EXPRESSION OF INTEREST FORM 2021-2022

CRAFT AND GIFT SHOP COMMITTEE

- Please Note: In order to be selected as a member of this Committee, a member must have served a minimum of 12 months' membership at branch level.**
- The Craft and Gift Shop Committee manages the space in the shop located at CWA House, 1176 Hay Street, West Perth by ordering, pricing, stocking and displaying merchandise, dealing with suppliers and undertaking the quarterly stocktakes.
- This is a commitment of up to 4 to 5 hours per fortnight at this location and training is available.
- Members should also be available to help at the pop-up Craft and Gift Shop at State Conference in July and any other occasional events involving the Craft and Gift Shop including the Christmas Sale at CWA House in early December.
- There is a limit of six (6) members on this committee.
- The CWA of WA Board appoints the Coordinator.
- It is desirable that the member be computer literate and have access to email.
- The CWA of WA Board will determine the final selection of members for this committee from the expressions of interest received. Names of the successful members will be formally announced at State Conference in July.
- For a copy of the Committee Guidelines, please contact Marguerite Zeilinger at State Office on 9321 6041 or marqueritez@cwaofwa.asn.au

Name: Surname: _____ First Name: _____

Address: _____

Postcode: _____

Phone: _____ Mobile: _____

Email Address: _____

I am a member of the following CWA Branch: _____

Have you already served on this Committee? Please Note: There is a limit of 5 (five) consecutive years on this Committee.

I have currently served _____ consecutive years on this Committee*

(Please also indicate periods of earlier service: _____)

*(In the first year of tenure, you will be regarded as a *Member in Training* to gain Gift Shop experience and your position will be in addition to the 6 members of this Committee)

Do you wish to nominate for the following position? (Please Note: The Board appoints the Coordinator).

Coordinator: Yes No

Citation: Please provide a brief account of your skills that will benefit this Committee. You may attach relevant documents or use the back of this form to write your citation.

Signature: _____



Please forward this Expression of Interest to the State Office by the closing date: **Friday, 16 April 2021**

Postal Address: PO Box 97, WEST PERTH WA 6872