



APPLICATION FOR MEMBERSHIP

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

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.

<p align="center">Branch Membership</p> <p align="center"><input type="checkbox"/></p> <p>Belong to any 1 Branch within the Country Women’s Association of WA (Jan-Dec 2021). Most branches have an official monthly meeting with activities in between. (For <u>Branch Membership</u> see question 1 & 2 below)</p> <p>(Q1) Branch you are interested in joining: <i>(leave blank if you don’t have a specific branch in mind)</i></p> <p>(Q2) To determine suitable branches for you, please list any days you have regular commitments: <i>(e.g. “I work week days”)</i></p>	<p align="center">Associate Membership</p> <p align="center"><input type="checkbox"/></p> <p>Associate Membership (Jan-Dec 2021) 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.</p>
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Membership fee (incl GST):

Branch Membership: **\$70.00*** OR Associate Membership: **\$90.00**

**\$35.00 if you are a new member joining after June 2021*

Methods of Payment:

Cash / Cheque / Credit Card *(via below fields or via phoning State Office)*

Card No

Exp. No / CVV (3-digit number on back of card)

Cardholders Name _____

Signature _____ Date _____

TOTAL PAYMENT = \$ _____

(Membership fee)