



Country Women's Association of NSW

PO Box 222, Mascot NSW 1460 (Level 2, 244 Coward St, Mascot NSW 2020)
Ph: 02 8337 0200 | Fax: 02 8338 1595 | E: info@cwaofnsw.org.au | Web: www.cwaofnsw.org.au

MEMBERSHIP APPLICATION FORM

Please complete this form and present it to your local branch with payment (amount may vary from branch to branch, so please check with the Secretary).

Name (Title, first name, surname):

Address:

..... Postcode.....

Home Phone: Mobile:

Email address:

Next of kin name/contact, for emergencies:

Date of Birth (optional):/...../..... or **Age Range** (circle):

U25 25-34 35-44 45-54 55-64 65-74 75-84 85+

Are you employed? Yes / No Full Time or Part Time? Full / Part

Interests (circle):

Agricultural/Environmental Cookery Cultural Education Handicraft
Health/Medical International Transport Welfare Other:

Previous membership of CWA (if any) – please list branches and dates:

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| <p>BRANCH USE: BRANCH NAME:</p> <p>DATE PAID: AMOUNT:</p> <p>RECEIPT NO.:</p> |
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