

**ORGANISATION MEMBERSHIP RENEWAL & DELEGATES 2026 - 2027**

Tax Invoice No GST applicable.

Please complete the following, retain a copy for your records and return the completed form with your payment, by email or the street address above

**Please respond by Friday 8 August 2026**

**ORGANISATION NAME**

**MAILING ADDRESS**

**EMAIL**

**Post code:**

**CONTACT**

**EMAIL**

**TELEPHONE:**

**PRESIDENT/CEO: NAME**

**EMAIL**

**TELEPHONE:**

**DELEGATES**

**DELEGATE 1: NAME**

**EMAIL**

**Contact in case of emergency: Name:**

**TELEPHONE:**

**Telephone:**

**DELEGATE 2: NAME**

**EMAIL**

**Contact in case of emergency: Name:**

**TELEPHONE:**

**Telephone:**

NCWV will provide the Annual Report and monthly Newsletter to the Organisation in addition to the Delegates by email.

**FEES FOR 2026 – 2027: \$160**

**Our Organisation would also like to give a Donation .....\$.....**

**Privacy** – NCWV is committed to complying with Australia’s Privacy Act. Our primary purpose in collecting information is to enable us to operate as a membership organisation whose objective is to enhance the status of women and girls in Victoria. We may use your information to respond to your requests or to contact you via mail, email or phone for support of NCWV work, activities and events.

**Logo** - We hereby give permission for our Organisation name/ logo to appear on the NCWV website and in NCWV publications.

**Authorising Signature** ..... **Name**..... **Date** .....

**Return form by email to [info@ncwvic.org.au](mailto:info@ncwvic.org.au) or post NCWV care of 239 A'Beckett St Melbourne, 3000**

**Fees/ Donations** - please enclose a cheque for \$ ..... **OR** Electronic Transfer of \$ ..... **to:**

**Account name:** National Council of Women of Victoria Inc.

**Bank:** WESTPAC 263 Victoria Street Abbotsford 3067

**BSB:** 033 031 **Account Number:** 263920

**Reference:** Please provide **Organisation name and the word – Membership [ and Donation** where applicable]