



Country Women's Association of NSW

11 Greenknowe Avenue, Potts Point 2011 (PO Box 15, Potts Point 1335)
Ph 02 9358 2923 ▪ Fax 02 9357 4570 ▪ Email: info@cwaofnsw.org.au ▪ Website: 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: Fax:

Work Phone: Mobile:

Email address:

Age Range (circle):

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

Are you employed? Yes / No

If Yes, Full Time or Part Time? Full / Part

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

.....

BRANCH USE:

BRANCH NAME:

DATE PAID: AMOUNT:

RECEIPT NO.: