



The Country Women's  
Association of Victoria Inc.

care empower contribute

# Branch Joining Form

Branch:

## TELL US ABOUT YOU

What are your interests?

## CONTACT DETAILS

Mrs  Ms  Miss  Dr

Surname:

Given Names:

Address:

Postcode:

Phone:

Mobile:

Email:

Date of Birth:

Food Allergies:

What skills do you bring to the Branch?

Why did you decide to become a CWA of Victoria member?

## MEMBERSHIP INFORMATION

Full Member  Junior Member

Date:

Joining Status (tick one category):

New Member **(NM)**

Not Re-joining **(NR)**

Member Re-joining **(MR)** within a 2-year period  
[NM if post 2 years]

Transferred Member **(TM)** from another Branch

Name of previous Branch:

How do you hear about CWA of Victoria?

I consent for my contact details to be shared within The Association.

I hereby give CWA of Victoria Inc, and any and all employees and/or agents of CWA of Victoria Inc., the right and permission to use and/or publish photographs of me for promotional purposes including but not limited to, advertising, publicity, commercial or display of use.

By completing this form, I agree to be bound by the rules of the Constitution, and any other rules, by-laws, policies and procedures, or other standards prescribed by the Board or State Council, from time to time.

Signature:

Name:

Date:

Please return this completed form to the Branch you are joining and pay your membership fee at the Branch.

Note to Branches: This Joining Form does not replace updating the Membership Register with new member information. Please email the completed Joining Form to [cwaadmin@cwa.org.au](mailto:cwaadmin@cwa.org.au)

3 Lansell Road, Toorak Victoria 3142 Australia

Phone (03) 9827 8971

[www.cwaofvic.org.au](http://www.cwaofvic.org.au)