



Membership Application to What Women Want Australia

I hereby apply for membership of What Women Want (Australia) Inc. in accordance with the Constitution and Charter and agree to these terms as they appear at www.whatwomenwant.org.au

I am not a member of another political party.

Surname

Given Names

Date of Birth ____ / ____ / ____

Home Address

State _____ Postcode _____

Postal Address (if different to home address)

State _____ Postcode _____

Phone: () _____ (home)

() _____ (work/mobile)

Email _____

Payment

I have already paid \$20 membership online at www.whatwomenwant.org.au OR
Cheque/money order for \$20 membership payment enclosed

I am also making a donation of:

\$5 __ \$10 __ \$15 __ \$20 __ or \$_____

Signature:

Date ____ / ____ / ____

Please return completed application to:

Membership Officer
What Women Want Australia Inc.,
PO BOX 625 SCONE NSW 2337