



Membership Form

Personal Details

Title: Given Name: Family Name:

Home Address:

Suburb: Postcode:

Mobile No: Landline:

Email: Date of birth:

Are you Married/Widowed/Partnered/Not partnered / Prefer not to disclose ? (please circle)

Country of birth:

Do you identify as an Aboriginal and/or Torres Strait Islander? Yes / No

Is English your first language? Yes / No If No, what is your first language?

Are you Employed / Seeking Employment / Volunteering / Carer / Retired ? (please circle)

Signature: Date:

I wish to apply for membership of the Older Women's Network (NSW) Inc. I agree to support the organisation's Aims & Objectives as published on the OWN NSW website. I have read and agree to abide by OWN NSW's Code of Conduct.

Your personal details are not disclosed outside of OWN NSW's organisation.

One of OWN NSW's aims is to positively promote the image of older women in society. We do this through 'downtime', 'OWN Matters', the website, social media and other authorised publications (printed and electronic) and branch and corporate events.



(please tick)

I consent to the use of photographs or video recording of me for OWN NSW promotional purposes. I understand that no personal information, such as names, will be used without my express consent. I understand that I can withdraw my consent at any time with written notice to the State office.



Membership Form

Please indicate your areas of interest (you can tick more than one box):

- | | | |
|--|---|--|
| <input type="checkbox"/> Housing/Accommodation | <input type="checkbox"/> Domestic/Home Help | <input type="checkbox"/> Carer's Role & Rights |
| <input type="checkbox"/> Elder Abuse | <input type="checkbox"/> Domestic/Family Violence | <input type="checkbox"/> Pensions/Concessions |
| <input type="checkbox"/> Financial Matters/Super | <input type="checkbox"/> Medical/Health Matters | <input type="checkbox"/> Companionship/Socialising |
| <input type="checkbox"/> Skill-sharing/Learning | <input type="checkbox"/> Transport issues | <input type="checkbox"/> Empowerment/Mentoring |
| <input type="checkbox"/> Self-esteem/development | <input type="checkbox"/> Technology/IT issues | <input type="checkbox"/> Wellness |

Other areas:

Why do you want to be a member of OWN NSW?

Membership fee

I enclose the following:

\$25 Annual membership fee + \$..... Donation TOTAL: \$.....

\$100 Five year membership fee + \$..... Donation TOTAL: \$.....

I am paying via EFT:
 Commonwealth Bank - Older Women's Network Incorporated
 BSB 062031
 Account Number 00901417
 Payment Reference: Membership & Your full name

I wish to pay by credit card (please circle) Visa, Mastercard. Please PRINT clearly.
 Card number: _____
 Name on card: _____
 Expiry date: _____