



Coffs Harbour Older Women's Network

Personal Details

Title: _____ First Name: _____ Surname: _____

Address: _____

Suburb: _____ Postcode: _____

Mobile No: _____ Landline: _____

Email: _____ Date of birth: _____

Are you Married Widowed Partnered Not partnered Prefer not to disclose?

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?

Signature: _____ Date: _____

I wish to apply for membership of the Coffs Harbour 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 Coffs Harbour Older Women's Network?

Membership fee

I enclose the following:

- | | | | | |
|--------------------------|---|----|----------|-----------|
| <input type="checkbox"/> | \$25 Annual membership fee + | \$ | Donation | TOTAL: \$ |
| <input type="checkbox"/> | \$100 Five-year membership fee | \$ | Donation | TOTAL: \$ |
| <input type="checkbox"/> | I am paying by EFT: Commonwealth Bank
BSB: 062-031 Account Number: 00 901 417 Account Name: OWN NSW Inc Reference: CH <First name Surname> | | | |
| <input type="checkbox"/> | I am paying cash.
(please hand in your Membership Form & cash in person to the Coffs Harbour OWN committee member) | | | |
| <input type="checkbox"/> | I wish to pay by credit card (please circle) Visa, Mastercard. Please PRINT clearly - do not email card details
Card number:
Name on card:
Expiry date: | | | |

Please email Membership form to coffsharbour@ownnsw.org.au. A receipt will be issued when the payment is received.