

OWN Blue Mountains Membership Form

Title: Given Name: Family Name:

Home Address:

Suburb: Postcode:

Mobile No: Landline:

Email: Date of birth:

Are you Married/Widowed/Partnered/Not partnered? (pl circle)

Prefer not to disclose: tick box

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.

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 (please tick) my consent at any time with written notice to the State office.

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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:

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Membership fee

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

I am paying by cheque payable to 'Older Women's Network NSW Inc'
(please post Membership Form & Cheque to OWN NSW, 8-10 Victoria Street, Newtown, NSW 2042)

I am paying cash.

I am paying by EFT.
Older Women's Network NSW Inc
Account Number: 00901417
BSB: 062 031
Please provide your name and OWN BM Membership in the description.

I am paying by credit card.

Name on Card: _____

Card Number: Exp: /