



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: 062-212 Account Number: 1074 3039 Account Name: OWN Coffs Harbour Reference: Your Name | | |
| <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"/> | | | |

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