



MEMBERSHIP RENEWAL FORM

For year commencing 1 April 2021

Australian War Widows NSW respects your privacy and will not divulge personal information to external people/organisations without your permission. Please use **BLOCK LETTERS**.

Personal Info		Membership no.	
Surname			
Given Names			
Pref. Name	Date of Birth	/	/
Address			
Suburb	Post Code		
Mobile	Home phone		
Email			

Next of Kin (Adult) - Please advise your next of kin that you have provided us with this information			
Name			
Relationship to you			
Address			
Mobile	Email:		

Declaration

I, _____ hereby apply to become a member of the Australian War Widows NSW and as a member I agree to be bound by the rules of the organisation current at the time.

Signature	Date: / /
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Membership options

Your *annual* membership subscription covers the period from 1 April 2021 to 31 March 2022 and includes 4 issues per year of the Guild Digest and monthly e-newsletters:

1 year membership	1 year Affiliate membership
<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$30.00

Donations (tax deductible)

I would also like to make a tax-deductible donation to support the War Widows Guild NSW:

\$10 \$20 \$50 _____ (other amount). Please debit my credit card details as below.

TOTAL	\$
<input type="checkbox"/>	I enclose a Cheque/Money Order payable to: Australian War Widows NSW Ltd OR
<input type="checkbox"/>	Please charge my: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa

Card Number: _____ / _____ / _____ / _____	Expiry: ____ / ____
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Name on card:	CVV: _____
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Cardholder Signature:	
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Please return your completed form to: Australian War Widows NSW
Suite 1.01, Level 1, 9 Help Street, Chatswood NSW 2067