



NATIONAL ITALIAN-AUSTRALIAN WOMEN'S ASSOCIATION

APPLICATION FOR MEMBERSHIP

Date.....

I,(name).....(surname).....

Address.....

.....(Postcode).....

wish to become a member of the **ITALIAN AUSTRALIAN WOMEN'S ASSOCIATION OF NSW** and enclose the joining fee of \$.....

Signature.....

MEMBERSHIP: \$15.00 renewable annually

(Students and pensioners - \$10.00)

Please pay by CHEQUE ONLY

Please send the Cheque to: PO Box 955 -
Leichhardt - NSW 2040

For further information please email us:
info@niawa.org