



The Women's Club
ABN 49000 009 656

Nomination Form for Election as a Member

Dr/Mrs/Ms/Miss

	First Name	Surname	Preferred First Name
<input type="checkbox"/>	Ordinary Member Sydney Metropolitan		
<input type="checkbox"/>	Ordinary Member Country*		
<input type="checkbox"/>	Junior Member**		

* available to those who permanently reside outside of 100 km from Sydney GPO.
** 18-35 years inclusive. Not entitled to vote at general meetings or hold office as a member of the board

	Print Name	Sign Name
Nominating Sponsor 1	_____	_____
Seconding Sponsor 2	_____	_____
Seconding Sponsor 3	_____	_____

Signatures of three Members as sponsors (no more than two sponsors may be related to the candidate).

Related to a current member? Yes No

Name: _____ Relationship: _____

Applicant Details

Academic/Professional Degrees: _____

Cultural Interests: _____

I hereby consent to be proposed for membership and, if elected, agree to be bound by the Constitution, By-Laws, and Code of Conduct of The Women's Club. I understand that the information contained in this form (but not my contact or cc details) will be placed on the Club's noticeboard for 30 days after the date of receipt and payment of entrance fee.

Signature of Applicant: _____ Date: _____

Address: _____

State: _____ Post Code: _____ Email: _____ DOB: _____

Mobile: _____ Home: _____ Work: _____

- I do not want to receive emails regarding upcoming events, promotions, and club information.
- I do not consent to my photograph and email address being made available to other members.
- I do not consent to my photo and name being used in Club publications and website.

Entrance fee of \$1,500 (Ordinary Members) or \$550 (Junior Members) is due with submission of this nomination form. If nomination is not approved, entrance fee will be refunded in full. Surcharges apply if paying via cc.



Account Name: **The Women's Club**
BSB: **062-018**
Account Number: **00580217**
Reference: **please note EF (for entrance fee) and full name**



Card Name: _____
Card Number: _____
Exp Date: _____ CCV: _____