



WA WOMEN'S
HALL OF FAME

MEMBERSHIP NOMINATION FORM

NOMINEE DETAILS:

TITLE

FIRST NAME

LAST NAME

ORGANISATION

(NFP/Corporate Organisational Members)

CONTACT DETAILS:

POSTAL ADDRESS

Street Address/PO Box:

Suburb:

Postcode:

State:

EMAIL

PHONE

(M)

(W)

(H)

Preferred phone contact:

I support the WA Women's Hall of Fame Objectives to:

- Celebrate women's contribution to WA through the WA Women's Hall of Fame.
- Use the platform of the WA Women's Hall of Fame to promote the ongoing contribution of women to WA.
- Provide a platform for the advancement of gender equality through advocacy and collaboration through involvement of Hall of Fame Inductees Alumni.

SIGNATURE X

Date:

Membership* Type:

FULL MEMBERSHIP (Voting)

Member (Individual) - \$55 (incl GST)

Member (Not for Profit) - \$55 (incl GST)

[One voting representative]

ASSOCIATE MEMBERSHIP (Non-Voting)

Junior (0-18 years) - \$11 (incl GST)

Inductee Alumni Member - \$0 (1st Year**)

Corporate Member - \$550

*Membership is annual, based on the calendar year (January to December).

**Inductee Alumni Membership is from the date membership is endorsed to the end of the current calendar year.

Please Email completed form to wawomenshof@gmail.com

Membership payments to be made to:

Acc Name: WA Women's Hall of Fame

BSB: 036308

Reference: First and Last name

Acc: 374759

Office Use Only

ENDORSED BY:

COMMITTEE MEETING DATE:

SIGNED: X

NAME:

DATE:

(WA Women's Hall of Fame Chairperson)

A receipt will be emailed to you as confirmation of Membership.

Thank You