



FICHA DE INSCRIÇÃO / APPLICATION FORM

Data / Date: ____/____/____

Nome / Name: _____

Data de Nascimento / Date of Birth: ____/ ____/ _____

Endereço / Address: _____

Telefone / Phone: _____

E-mail: _____

I confirm that I:

- wish to become a member of the Association;
- support the purposes and objectives of the Association; and
- will comply with the Rules of the Association.

Assinatura / Signature: _____

By submitting this membership application form you agree that the Personal Information you have entered on this application form may be used by the Association for the primary purpose of maintaining a database of members of the Association, and to contact, or issue information/promotional material to you as a member of the Association.

Email: nsw@portuguesewomen.org.au

Confirmation of receipt of payment of membership fee \$10

Signed by Committee of PAWA _____

**Membership only effective once confirmed by email