

**NOWAR Membership Application Form  
(For individuals)**

***Join NOWAR***

I want to join NOWAR (name) .....

I understand that membership is provisional until it is approved in accordance with the rules of NOWAR

Signed: .....

Date: .....

Annual membership fee

\$10

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***Donate***

We want to donate the following amount to NOWAR     \$.....

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***Volunteer***

NOWAR keeps a database of people willing to assist in various areas. We can then call upon people as needed. Please tick boxes where you may be able to help and note any special skills you have.

- |  |  |
|--|--|
| <input type="checkbox"/> help in the office .....            | <input type="checkbox"/> letter writing.....           |
| <input type="checkbox"/> research/publications .....         | <input type="checkbox"/> placard/banners .....         |
| <input type="checkbox"/> fundraising .....                   | <input type="checkbox"/> media and promotions.....     |
| <input type="checkbox"/> organising rallies/marches .....    | <input type="checkbox"/> sewing .....                  |
| <input type="checkbox"/> talkback radio.....                 | <input type="checkbox"/> links with organizations..... |
| <input type="checkbox"/> distribution of fliers/posters..... | <input type="checkbox"/> other .....                   |
| <input type="checkbox"/> regional groups.....                |  |

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Name: ..... BH Phone: .....

Postal Address: ..... AH Phone: .....  
.....P/C: ..... Mobile: .....

Email: .....

Please indicate if you would prefer to receive membership information by:    Mail  or Email

**Please send your completed form, membership fee and donation (cheque/money order) to NOWAR,  
GPO Box 1156 ADELAIDE SA 5001  
Ph: 0414 773 918**