



NATIONAL WOMEN'S STEERING COMMITTEE – Membership Form

Please complete and return to nwsc@crowntrust.org

Applicant Name: _____

Location (county/ward): _____

Contact Person: _____

Email: _____

Phone: _____

Type of membership

Please tick:

National Organisation

County based Organisation

National/Regional Network

Individual Membership

Membership Questions

Please respond to the following questions, which will be reviewed by the NWSC Secretariat and Management Committee

Why would you or your organisation like to join the National Women's Steering Committee?

How will you promote the NWSC and its objectives through your existing networks and spaces?

What kind of support would you like to receive from the NWSC?

What skills or resources are you able to contribute to the NWSC? (Eg. able to contribute to fundraising, bring advocacy or communications skills, have a network that can be mobilised and where, etc)

Please provide brief information about your organisation – what you do, what your strategic objectives are, and who you work with.

Please indicate which of the following groups that you work with:

- Women with disabilities
- Young women
- Older women
- Female headed households
- Other (please specify):

Please provide information on your work with these groups: