



MEMBERSHIP FORM

Non English Speaking Background
Domestic Violence Action Group

Name:

Organisation:.....

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Address:

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Telephone (optional):

Email:

Please indicate your level of interest/participation in the NESB DVAG.

- Require a copy of the minutes only Yes/No
- Attendance at meetings Yes/No
- Notification of special projects Yes/No

Other areas you may be interested in contributing, or specific ideas you wish the DVAG to assist you with:

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