



The International Women's Club of Vienna

Singerstrasse 4/11
Wien 1010
Austria

www.awavienna.com
awa@awavienna.com
(01) 966 29 25

* Required information.

ID (for office to complete) _____

Name* _____

Address* _____

Postcode and Town/City* _____

Cell Phone/ Handy* _____ Home phone _____

Email Address* _____

Citizenship _____

Occupation _____ Employer (if applicable) _____

Date of Birthday: Day* _____ Month* _____ Year _____ (For birthday greetings/party)

How did you hear about AWA? _____

How long have you been living in Austria/Vienna? _____

Reason for being here in Vienna? _____

Type of Membership required? _____ (Full, Senior, Family, Overseas or Joint.)

Method of payment for Membership. Tick which applies. Cash? Bank Transfer?

NOTES on Membership Fees:

Senior €100 (age over 70) / Full €116 (Ages up to 69) / Family €144 (daughter in the same household)/ Joint

Membership with IWA Graz or IWC Bratislava €48 / Overseas/ Out of Austria €48

IBAN for AWA banking is AT25 2011 1843 8273 8100; BIC GIBAATWW

Erstebank, Linke Wienzeile 1060 Wien

(Optional) Spouse Name: _____

Spouse Employer: _____

Would you be willing to answer a few questions about yourself to be published in our Highlights Magazine?

Yes

No

EXPERIENCES? Tick any that are applicable. Add any other that apply.		
<input type="checkbox"/> Website Management	<input type="checkbox"/> Bookkeeping/Accounting	<input type="checkbox"/> Marketing & Public Relations
<input type="checkbox"/> InDesign/Graphic design	<input type="checkbox"/> Charity Fundraising	<input type="checkbox"/> Writing articles
<input type="checkbox"/> Organising events	<input type="checkbox"/> Other	
INTERESTS? Have you any skills that you could share with other members? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Skills:		
Would you be willing to offer any activities to other members? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Activities:		

DATA PROTECTION	Yes	No
I understand that the personal information that I choose to add to this form, including my name, phone number, email, and home address, will be added to the AWA database for communication. I confirm that I have approval from my spouse/partner to store and process their information. I understand that I can request a change or removal of my information at any time.	<input type="checkbox"/>	<input type="checkbox"/>
I will not hold AWA or members of its Board liable for any loss, damage, or injury suffered during any activity.	<input type="checkbox"/>	<input type="checkbox"/>
AWA Facebook: I would like to be added to the group.	<input type="checkbox"/>	<input type="checkbox"/>
AWA Photographs: I am happy that my photo in group scenes will be added to Highlights, Weekly News and or the Website.	<input type="checkbox"/>	<input type="checkbox"/>

MEMBERSHIP DIRECTORY		
This is sent as a PDF attachment to members in an email with names, phone numbers, addresses and emails of members. Please tick yes or no for details to be published or not.		
	Yes	No
All	<input type="checkbox"/>	<input type="checkbox"/>
Name	<input type="checkbox"/>	<input type="checkbox"/>
Address	<input type="checkbox"/>	<input type="checkbox"/>
Phone Number	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>

AWA CHARITY UND RAISING 2025	Yes	No
We are supporting Die Möwe this year, a charity which supports children at risk of abuse or violence in their homes. We raise funds in a variety of ways. Would like to be involved on the committee.	<input type="checkbox"/>	<input type="checkbox"/>

For Office Use Only:

Payment Date		Database	
Amount paid		MailChimp	
Cash or Bank Transfer		Facebook	
Data Entry Date		Gmail Contact	
Category: F/S/OS/Fam/Joint		Membership Welcome Chair	
New Members Welcome Pack		Membership Directory	