



The Country Women's Association of Victoria Inc.

2020 STATE PHOTOGRAPHY COMPETITION

ENTRY FORM

(Must be attached to the back of **each** entry)

Name:

Branch: Group:

Address:

Phone: Email:

Section No: Topic:

Date of birth (Junior members only) / /

<input type="checkbox"/>	I have read the conditions of entry.
<input type="checkbox"/>	I give permission for my entry to be printed in CWA publications, posted on the website and displayed at CWA events.

Member's signature: