

CNAV MEMBER — CHANGE OF DETAILS FORM

Please fill out, save and email this form back to cnav.membership@gmail.com to update your contact or information details.

Please fill in all details			
Name of paper / individual			
Name of paper publisher			
Local government area (shire/city)			
Membership type <i>[tick]</i>	<table border="1"> <tr> <td>Full membership</td> <td>Associate membership</td> </tr> </table>	Full membership	Associate membership
Full membership	Associate membership		
Contact information			
The editor / coordinator's name			
Postal address and PC			
Landline telephone			
Mobile telephone			
Web address			

Add any further details or comments here if needed: