



Ordinary Membership Application ORGANISATION

Please note the following:

- All details on this form must be completed and signed by all parties.
- Membership fee is **\$50** per annum and can be attached with this form as a cheque or deposited into the **Cape York/Gulf RAATSICC** bank account –
Bendigo Bank
BSB:633 000
Account: 1521 15325
- Please use your **Name as the reference** if making direct bank payment. A receipt will be issued once payment has been received
- Membership will be accepted and registered once payment has been received

Please tick length of membership

1 year - \$50

2 year - \$100

Section 1 - PROPOSED MEMBER ORGANISATION DETAILS

Name of Organisation: _____

Contact Person Mr / Ms / Miss / Mrs _____

Position title _____

Postal Address: _____

Town: _____

State: _____

Post code: _____

Email Address: _____

Phone Number: _____

Fax Number: _____

Section 2 – PROPOSED REPRESENTATIVES' DETAILS

Name of Representative _____

Name of Program/Service/Unit _____

Position title: _____

Postal Address: _____

Town: _____

State: _____

Post code: _____

Email Address: _____

Phone Number: _____

Fax Number: _____

“Our Children, Our Youth, Our Families and Our Communities are safe, resilient and empowered”

Section 3 – AUTHORISATION TO SUBMIT MEMBERSHIP APPLICATION PROPOSED

The endorsement of this application requires approval from an authorised person from the organisation _____.

I currently hold the position of _____.

and hereby authorise this application for **RAATSICC Ordinary Organisation Membership**.

Signature: _____ Date: _____ / _____ / _____

THIS SECTION FOR MANAGEMENT COMMITTEE USE ONLY

Membership application accepted at management committee meeting on: _____ / _____ / _____

Resolution No: _____

Moved by: _____ Seconded by: _____

All in favour: Yes No

Abstained: _____

Chairperson/Executive Signature: _____

Name (please print): _____

THIS SECTION FOR OFFICE USE ONLY – FINANCE OFFICER TO COMPLETE

Receipt No: _____ Membership No: _____

Name (please print): _____ Signature: _____

All details to be entered into the Membership Register