



## GENERAL MEMBERSHIP APPLICATION

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: \_\_\_\_\_

### **Please note:**

As a representative you are required to attend face-to-face meetings (generally twice per year) as well as participating in monthly telelink meetings. All Management committee positions are on a voluntary basis.

**Section 2 – PROPOSED REPRESENTATIVES’ DETAILS**

**REPRESENTATIVE A**

Name of Representative

Name of Program/Service/Unit

Position title:

Postal Address:

Town:

State:

Post code:

Email Address:

Phone Number:

Fax Number:

**I am / am not available for any RAATSICC Management Committee positions that may become vacant.**

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**REPRESENTATIVE B**

Name of Representative

Name of Program/Service/Unit

Position title:

Postal Address:

Town:

State:

Post code:

Email Address:

Phone Number:

Fax Number:

**I am / am not available for any RAATSICC Management Committee positions that may become vacant.**

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Section 3 – AUTHORISATION TO SUBMIT MEMBERSHIP APPLICATION

### 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*

**THIS SECTION FOR MANAGEMENT COMMITTEE USE ONLY**

Membership application accepted at management committee meeting dated:           /           /

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: \_\_\_\_\_ Signature: \_\_\_\_\_  
(please print)

*All details to be entered into the Membership Register*