



MEMBERSHIP APPLICATION

Please note the following:

- All details on this form must be completed and signed by all parties.
- Membership fee is **FREE**

Please tick length of membership - **FREE**

Please tick type of membership **ORDINARY (complete Section 1)** **GENERAL (complete Section 2 and 3)**

Ordinary (is an Individual)

Section 1 - PROPOSED MEMBER

Name

Residential Address:

Town:

State:

Post code:

Email Address:

Phone Number:

Fax Number:

General Member (Representative of an Organisation)

Section 2 – PROPOSED REPRESENTATIVES' DETAILS

REPRESENTATIVE A (MEMBER ELECT)

Name of Representative

Organisation

Position title:

Residential 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.

Elected Management Committee Members 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.

Signature: _____ Date: ____/____/____

ALTERNATIVE

REPRESENTATIVE B

Name of Representative _____

Organisation _____

Position title: _____

Residential Address: _____

Town: _____ Town: _____ Town: _____

Email Address: _____

Phone Number: _____ Phone Number: _____

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 your organisation _____

I currently hold the position of _____

and hereby authorise this application for **RAATSICC General 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