



**OUR WAYS
STRONG
TOGETHER**

National Aboriginal and Torres
Strait Islander Family, Domestic
and Sexual Violence Peak

Membership Form

Full name of entity:

ABN:

Australian Company Number (ACN) or Indigenous Corporation Number (ICN):

Registered Office Address:

Mailing Address:

Email address:

Organisation website:





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By submitting this application, I declare that the entity:

- is an ACCO (as defined in the Organisation's Constitution); and
- is eligible to be a Member of the Organisation under article 5 of its Constitution.

I consider that the entity:

(Select one)

has the primary purpose of delivering family, domestic and sexual violence response, prevention and/or early intervention services and/or activities;

delivers family, domestic and sexual violence response, prevention and/or early intervention services and/or activities alongside other core services and/or activities (examples include health, wellbeing, early childhood education and care, child and family, housing and legal services).

SUPPORTING DOCUMENTATION

I have attached the following documentation to support this application (tick all that are applicable):

Rule book

Constitution

Enabling legislation

Other (please specify)





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ACKNOWLEDGEMENT

The entity accepts and agrees to:

- (a) work in alignment with the Objects of the Organisation as set out in the Organisation's Constitution; and
- (b) comply with the Organisation's Constitution, and any other rules, by-laws, policies or other standards prescribed by the Directors from time to time, including paying the guarantee under article 22.1 if required

SIGNATURES

By signing this application, each person signing confirms that they are authorised to:

- (a) bind the applicant; and
- (b) submit this form on behalf of the applicant.

1 Signature:

Full name:

Position:

Date:

2 Signature:

Full name:

Position:

Date:





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SIGNATORIES' CONTACT DETAILS

1 Email:

Telephone:

2 Email:

Telephone:

Alternative email for invoicing purposes:

ORGANISATION USE ONLY

Application received	Date:
Application tabled at Directors' meeting held on	Date:
Directors consider applicant is eligible for membership	Yes / No
Directors have sent notification of Directors' decision to the applicant	Date:
Annual membership fee received (if applicable)	Date:

