



AbSec Membership Application Form 2020

AbSec – NSW Child, Family and Community Peak Aboriginal Corporation (ICN 8926)
PO Box 604, Marrickville NSW 1475 | T: (02) 9559 5299 • E: admin@absec.org.au • W: absec.org.au

Please note: If you are applying for membership on behalf of an organisation, please provide the **address of your organisation** in the form below.

I, (FIRST NAME OF APPLICANT)
..... (LAST NAME OF APPLICANT)
of (STREET ADDRESS)
..... (POSTAL ADDRESS)
..... (ORGANISATION NAME)
..... (POSITION)
..... (PHONE NO)
..... (EMAIL)

apply for membership of the corporation. I declare that I am eligible for membership and that I am committed to the aims and objectives of the corporation. I confirm, as required, I will provide necessary references to assist decision making in my application for membership of the corporation. I acknowledge that in becoming a member I will be bound by the Corporation's code of conduct and membership standards, and breach of these may result in my termination as a member.

I am: Aboriginal Torres Strait Islander neither

I am: 18 years of age or over

I am applying for the following membership type:

- Category A:** Aboriginal Organisations being Aboriginal controlled organisations delivering early intervention, family support, child protection and out of home care and related services that demonstrate support for the aims and objectives of the Corporation
- Category B:** Aboriginal Individuals being Aboriginal people recognised by the community with a demonstrated support for the aims and objectives of the Corporation
- Category C:** Other Organisations being any other organisation not deemed to fall under Category A but demonstrate support for the aims and objectives of the Corporation
- Category D:** Other Individuals being other individuals not deemed to fall under Category B but demonstrate support for the aims and objectives of the Corporation.

Please select from the options below

- New Membership Renew Membership

If you are applying for a NEW membership (any category), please provide a statement as to why you wish to become a member of AbSec.

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Please select from the table below: (for organisations, AbSec's annual membership fees are based on your annual turnover)

	Member Category	Org Turnover	Joining Fee	Annual fee
<input type="checkbox"/>	Category A	Less than \$2 M	\$500	\$250
<input type="checkbox"/>		\$2 M to 8 M	\$500	\$400
<input type="checkbox"/>		\$8 M to 25 M	\$500	\$750
<input type="checkbox"/>		Over \$25 M	\$500	\$1000
<input type="checkbox"/>	Category B	N/A	\$5	N/A
<input type="checkbox"/>	Category C	Less than \$2 M	\$1000	\$350
<input type="checkbox"/>		\$2 M to \$ 8 M	\$1000	\$500
<input type="checkbox"/>		\$8 M to 25 M	\$1000	\$750
<input type="checkbox"/>		Over \$25 M	\$1000	\$1000
<input type="checkbox"/>	Category D	N/A	\$5	N/A

- I wish to apply for my fees to be waived/reduced, and have attached written information supporting this request.

Category A & C Memberships (New and Renewing Applicants)

Yes, the most recent copy of the organisation's annual report is enclosed with this application.

Category B & D Memberships (New Applicants ONLY)

Please list TWO referees who we can contact in relation to this application.

	REFEREE 1	REFEREE 2
Referee full name:		
Phone number:		
Email address:		
Connection to the Applicant:		

APPLICANT SIGNATURE

Please note: All relevant sections of this form must be completed by all applicants. Incomplete forms may delay or prevent the processing of membership applications.

Name of Applicant:

Signature of Applicant: Date:

CORPORATION USE ONLY

Application received	Date:
Application tabled at directors' meeting held on	Date:
Directors consider applicant is eligible for membership	<input type="checkbox"/> Yes <input type="checkbox"/> No
	AbSec Chairperson signature: _____
Notification sent to applicant of directors decision	Date:
Payment received	Date:
Registered as AbSec member	Date:
AbSec Membership Certificate sent	Date: