



AbSec Membership Application Form 2023

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

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
- Category B:** Aboriginal Individuals being Aboriginal people recognised by the community
- Affiliate Organisation:** Other Organisations being any other organisation not deemed to fall under Category A
- Affiliate Individual:** Other Individuals being other individuals not deemed to fall under Category B

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)
..... (POBOX ADDRESS)
..... (ORGANISATIONNAME and ABN)
..... (POSITION)
..... (PHONE NO)
..... (EMAIL)
..... (CATEGORY A NOMINATED MEMBER REPRESENTATIVE MEMBER¹)

Please add email addresses of who we should send information about AbSec's activities to:

- 1.).....
2.).....
3.).....

I am: Aboriginal
Torres Strait Islander
Neither

I am: 18 years of age and over

¹ Category A Nominated Representative must be a Category B member organisation.

Please provide a description of how the selected membership is met and why you wish to become a member of AbSec. Category A members must also demonstrate how they support the objectives of AbSec:

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Joining and Annual Fees are included in the table below. Please select the category of membership applied for.

For organisations, AbSec offers several levels of membership depending on the annual turnover of your organisation. Organisations are required to provide a copy of the most recent Annual Report with this application.

Member Category	Org Turnover	Joining Fee	Annual Fee
Category A	Less than \$2 M	\$500	\$250
	\$2 M to 8 M	\$500	\$400
	\$8 M to 25 M	\$500	\$750
	Over \$25 M	\$500	\$1000
Category B	N/A	N/A	N/A
Affiliate Organisation	Less than \$2 M	\$1000	\$350
	\$2 M to \$ 8 M	\$1000	\$500
	\$8 M to 25 M	\$1000	\$750
	Over \$25 M	\$1000	\$1000
Affiliate Individual	N/A	\$5	N/A

Waived/reduced fees may be available in special circumstances. If you wish to apply for fees to be waived/reduced, supporting information is required.

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

Membership Declarations:

I declare that I/the organisation:

- Are eligible for the category of membership being applied for.
- Support the objectives of the corporation as set out in Rule 2 of the AbSec Rule Book.
- Have read, understood and signed and will abide by the members standards and Code of Conduct.
- Will pay any applicable joining and annual membership fees.
- Have been nominated by a current Category A member – *Category A member applicants only*
- Have been nominated by a current Category A or Category B member – *Category B member applicants only*
- Have provided a copy of the most recent Annual Report – *Category A and Affiliate Organisations only*

See the AbSec Rule Book [here](#)

Privacy Statement: Personal information is collected for the purposes of administering the affairs and communicating with members of AbSec – NSW Child, Family and Community Peak Aboriginal Corporation and AbSec Learning and Development Centre Pty Ltd. It is handled in accordance with the Australian Privacy Principles. For further details see AbSec's [Privacy Policy](#).

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:

Electronic signature accepted in accordance with the *Electronic Transactions Act 2000* (NSW).

CORPORATION USE ONLY	
Application received	Date:
Application reviewed against membership criteria	<input type="checkbox"/> Yes
Application tabled at Directors' meeting held on	Date:
Outcome of application	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined (provide reason below)
If declined, provide reason	
Notification sent to applicant of Directors decision	Date:
Payment received	Date:
AbSec Welcome pack sent	Date:
Registered as member on the AbSec Member Register	Date:
Registered as member on ORIC	Date: