

Application form for Membership

SNAICC - National Voice for our Children Limited

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	(name of organisation and ABN (in any)	
of		
	(address of applicant)	
apply for Mem	bership of the Body (SNAICC).	
controlled orga	he entity is eligible for Membership as an Aboriginal or Torres Strait Islander community- anisation that delivers services for childhood development, safety or well-being, and as such: ACCO (as defined in the Constitution of the Body, and outlined below*);	
 provides culturally safe and appropriate children and family services; 		
 supports self-determination for children and families in matters related to the care, development or protection of children; and 		
• has a	strategic goal/s focused on ensuring the safety, wellbeing or development of children	
Constitution, i	of the entity above is, and consistent with clause 6.5 of the s an Aboriginal and/or Torres Strait Islander. pt and work in alignment with the objectives of the Body.	
I confirm that	will pay the membership fee upon the membership being accepted and invoice issued.	
Signature of ap	plicant:	
Contact details	s of Member organisation:	
Name:		
Signature:		
Position:		
Email:		
Telephone:	Data:	

Alternative contact email for invoicing purposes:	
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*ACCO means an Aboriginal Community-Controlled Organisation which delivers services, that builds the strength and empowerment of Aboriginal communities and people and:

- (a) is incorporated under relevant legislation and not-for-profit;
- (b) was initiated and is controlled and operated by Aboriginal people;
- (c) is connected to the community, or communities, in which they deliver the services;
- (d) is not owned or controlled by any local, state or federal Government Agency or representative; and
- (e) has a governing body made up of a majority of Aboriginal people.

Body use only

Application received	Date:
Application tabled at Directors' meeting held on	Date:
Directors consider applicant is eligible and approved for	Yes / No
Membership	
Directors have sent notification of Directors' decision to the applicant	Date:
Application Fee received	Date:
Nominee advised	Yes/No