

Dear New Member

Application for Membership

SNAICC – National Voice for our Children Aboriginal and Torres Strait Islander Corporation

I

[full name/name of organisation and ABN (if any)]

of(address of applicant)
apply to be an Associate of the Corporation.

I declare that I am not eligible to be a Member of the Corporation but I agree to accept the objectives of the Corporation.

I declare that I am / the entity is eligible to be an Associate under one of the following categories:

- a non-Aboriginal or Torres Strait Islander entity that works for childhood development, safety or well-being; or
- a natural person who works for childhood development, safety or well-being.

I confirm that I have paid the Application Fee.

Signature of applicant:Date:.....

Contact details of Associate organisation:

Name:

Signature:

Position:

Email:

Telephone:Date:

Regards,

SNAICC Membership team

Corporation use only

Application received	Date:
Application sent to Directors' sub-committee	Date:
Directors consider applicant is eligible to be a Member	Yes / No
Corporation have sent notification of Directors' decision to the applicant	Date:
Application fee received	Date:
Welcome Pack sent	Date: