



**SNAICC**

National Voice for our Children

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 wellbeing.

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 fee received	Date:
Welcome Pack sent	Date: