



**Wakwakurna Kanyini – for South Australian Aboriginal Children
and Families Ltd
ACCO Membership Application Form**

1. Name:

ABN:

Address:.....

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2. Contact details

Email:

Phone:

Primary Contact Name and Position:

Brief description of purpose and activities of organisation:

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3. Nominee

The Nominee of the organisation is _____, and consistent with clause 4.3 of the Constitution, is an Aboriginal person.

Position of Nominee within organisation:

Email of Nominee:

Contact Number of Nominee:.....

We authorise the Nominee to: *(select one or more)*

represent the organisation as an ACCO Member at general meetings of Wakwakurna Kanyini and to sign written resolutions of the Members under clause 7.3 of the Constitution.

- represent the organisation (if elected under the Constitution of Wakwakurna Kanyini) as a Councillor of Wakwakurna Kanyini.
- represent the organisation (if elected under the Constitution of Wakwakurna Kanyini) as a Director of Wakwakurna Kanyini.

4. **Declaration**

- We declare that the organisation is an Aboriginal community-controlled organisation which delivers services that build 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.
- We declare that the objects of the organisation are consistent with the work of sectors working with Aboriginal Children and Families in South Australia which:
 - (a) support or work towards ensuring the safety, wellbeing and development of children; and/or
 - (b) provide culturally safe and appropriate children and family services.
- We confirm the organisation accepts and supports the purposes of Wakwakurna Kanyini as set out in the Constitution.
- We confirm that we will pay a \$100 membership fee upon receipt of an invoice from Wakwakurna Kanyini.

7. **Signature**

Signature: _____

Name: _____

Date: _____

Wakwakurna Kanyini use only

Application received	Date:
Application tabled at Directors' meeting held on	Date:
Application fee (if applicable) received	Date:
Directors consider applicant is approved for Membership	Yes / No
Directors have sent notification of Directors' decision to the applicant	Date:
Enter name of Member on register	
Nominee (if applicable) advised	Yes/No