

Application form to be an Associate

SNAICC – National Voice for our Children Limited

I
(name of organisation and ABN (in any))

of
(address of applicant)

apply to be an Associate of the Body.

I / the organisation declares that I have signed SNAICC's [Statement of Commitment](#) which reflects my / our intent to work collaboratively with Aboriginal and Torres Strait Islander peoples and their organisations to support the goals and objectives of SNAICC – National Voice for our Children, and the guiding principles that align with the National Agreement on Closing the Gap.

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

- an entity that works for childhood development, safety or well-being that is not an ACCO (as defined in the Constitution of the Body);
- an ACCO who is not eligible to be a Member, but has an interest and commitment to this field; or
- a natural person (individual) who works for childhood development, safety or well-being.

I confirm that I will pay the Application Fee upon the membership being accepted and invoice issued.

Signature of applicant:Date:

OR

Contact details of Member organisation:

Name:

Signature:

Position:

Email:

Telephone:Date:

Alternative contact email for invoicing purposes:

***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 Membership	Yes / No
Directors have sent notification of Directors' decision to the applicant	Date:
Application Fee received	Date:
Nominee advised	Yes/No