

Associate Membership Application Form

Name of organisation: _____

ABN/ACN: _____ Incorporation Number: _____

Years of operation: _____

Local Government Area: _____

Main funding source: _____

Address: _____

Phone: _____

Website: _____

Contact person: _____

Email: _____

Services provided: _____ *Please complete the attached survey*

Documentation to support application

Please attach your most recent copies of:

- Annual Report
- Statement of Financial Accounts
- Statement of Purposes
- Rules of Incorporation/Constitution
- Copy of Incorporation Certificate



Suite 209, Level 2
343 Little Collins Street
Melbourne, Victoria 3000

Phone: (03) 9672 2000

Fax: (03) 9672 2099

Email: admin@cisvic.org.au

Website: www.cisvic.org.au

Signed by _____
(Name) (Signature)

Witness _____
(Name) (Signature)

Date _____

Please send the Application form to:

President
Community Information & Support Victoria Inc
Suite 209, Level 2
343 Little Collins Street
Melbourne 3000