Membership Application/Profile Form

|  |
| --- |
| 1. **Member Details**
 |
| **Membership type:** | [ ]  Full | [ ]  Associate | [ ]  Provision | [ ]  Individual |
| **Organisation name:** |  |
| **Address:** |  |
|  |  |
| **Tel:** | **Email:** | **Website:** |
| **Legal Status:** (e.g. incorporated assoc.) |
| **ABN:** | **Year commenced:** |
| **ATO/ACNC status:**(tick all relevant) | [ ]  Charity | [ ]  PBI | [ ]  DGR |
| **Additional sites:** (enter address of each) |
| Address Site 2:  |
| Address Site 3:  |
| **Key contacts:** |
| **Position** | **Name** | **Email** | **Tel** |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
| Choose an item. |  |  |  |
|  |  |  |  |

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| **Documents to support application:** (please attach copies) |
| [ ]  Annual Report [ ]  Agency Mission Statement  | [ ] Financial statements[x] Cover letter / email outlining reasons for membership application  | [ ]  Strategic Plan  |
| **No. paid staff:** | **EFT equivalent:** | **No. of volunteers:** |
| **Funding:** (list all funding streams & related activities) |
| **Source** (select from list) | **Funded activity** (e.g. ER) | **$** (Annual funding) |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |
| Choose an item. |  |  |
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| 1. **Service Delivery**
 |
| **Operating hours** (enter opening & closing times): |
|  |  |  |  |  |  |  |
| **Local Govt Area/s serviced:** |
| **Services offered:** |
| **Information & support** | **Financial services** | **Emergency Relief** |
| [ ]  Community Information | [ ]  Financial Counselling | [ ]  Food Vouchers |
| [ ]  Referral | [ ]  Budgeting Assistance | [ ]  Food Parcels |
| [ ]  Advocacy | [ ]  No Interest Loans | [ ]  Travel Cards |
| [ ]  Negotiation | [ ]  Step-up Loans | [ ]  Telstra Vouchers/Cards |
| [ ]  Case Management | [ ]  Tax Help | [ ]  Utility Bills |
| [ ]  Personal Counselling | [ ]  Court Funds | [ ]  Prescriptions |
| [ ]  Family Services | [ ]  Other (please specify) | [ ]  Meal Programs |
| [ ]  Employment Services | [ ]  Fresh Food Program |
| [ ]  Needle Exchange | [ ]  Educations Costs |
| [ ]  Settlement Services | [ ]  Other (please specify) |
| [ ]  Youth Services |
| [ ]  Tourism |
| [ ]  Legal Services |
| [ ]  Op Shop |
| [ ]  Social Enterprise |
| [ ]  Other |

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| 1. **Operational**
 |
| **Professional development (volunteers)**Do you conduct an annual internal training program?  |
| **Records management** ☐ Paper-based ☐ Electronic ☐ Combination |
| **Local & State Networks** (list all those attending): |

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| 1. **Declaration**
 |
| **As an authorised representative of**  |  |
|  **Insert agency name.****I declare that I have read and will abide by the Member Obligations.** |
|  |  |  |  |  |
| **Name** |  | **Signature** |  | **Date** |
|  |  |  |  |  |
| **Witness name** |  | **Witness signature** |  | **Date** |

**Please return the completed form to:**

Community Information & Support Victoria
1134 Glen Huntly Rd, Glen Huntly 3163
Tel 03 9672 2000 Email admin@cisvic.org.au