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  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. | |  | | | | |  | | |
| 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 | |

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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): |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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](mailto:admin@cisvic.org.au)