

Membership Application

For the period of 01 July 2019 - 30 June 2020



☐ **New Application***

☐ **Renewal**

01 Membership Type

<input type="checkbox"/>	Category A	Multicultural Community Organisation Community organisation active or providing service to residents of Central Western Sydney or an individual member representing an unincorporated organisation	\$ 22.00
<input type="checkbox"/>	Category B	Community Organisation Membership Generalist or mainstream organisation active in Central Western Sydney or an individual member representing an incorporated organisation	\$ 22.00
<input type="checkbox"/>	Category C	Individual Membership Person of not less than eighteen (18) years of age who lives, works or studies in Central and Western Sydney and who complies with the objects of the ADSi	
	<input type="checkbox"/>	Unwaged or Pensioners	\$ 2.20
	<input type="checkbox"/>	Waged	\$ 5.50

02 For Organisational Members (Category A & B)

Organisation Name _____

Delegate's Position _____

Address _____ Post Code _____

Phone _____ Fax _____ Email _____

- ☐ **We are a not-for-profit organisation.**
- ☐ **We attached a copy of our Constitution with this form or it is available on the ACNC website.**
- ☐ **We declare there is no conflict of interest for our organisation to be a member of ADSi.**
- ☐ **We agree to be bound by the ADSi Constitution for the full period of this membership.**

Name of the Delegate _____ Signature _____ Date _____

Name of Authorised Person _____ (Example: Officer Bearers, Board Members or CEO)

Position Held _____ Signature _____ Date _____

03 For Individual Members (Category C)

Name Mr / Mrs / Ms / Miss / Dr _____

Address _____ Post Code _____

Home Phone _____ Mobile _____ Fax _____

Email _____ Country of Birth _____

- ☐ **I agree to be bound by the rules of Auburn Diversity Services for the full period of this membership.**

Signature _____ Date _____

04 Payment

Enclosed is the ☐ Cheque / ☐ Money Order / ☐ Cash for \$ _____

Please make your Cheque / Money Order payable to the Auburn Diversity Services Inc. and mail to:

Auburn Diversity Services Inc, PO Box 788 , AUBURN NSW 1835

Office Use Only

<input type="checkbox"/> Fee Received Initial & Date _____	<input type="checkbox"/> Reconciled Initial & Date _____	<input type="checkbox"/> Database Initial & Date _____	<input type="checkbox"/> Approved Initial & Date _____
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