

MEMBERSHIP UPDATE FORM 2020 - 2021

Please attach copy CERTIFICATE OF CURRENCY (or Insurance Co letter) This information is a legal requirement without which your application for membership and subsequent referral of volunteers cannot proceed.

Name of Organisation ABN

Address

Postal Address

Phone Facsimile

Email Website

Parent Co Name Program Name

Volunteer Coordinator

Volunteer Contact

(if different from Coordinator)

CEO / Head of Organisation

Contact Person re : Accounts

Email / Address to send Accounts

Please tick one of the following that describes your organisation

Government department or service Local State Commonwealth
 Or Not for profit organisation Incorporated Assoc

Which best describes the service delivery category of your organisation.

Please tick one only

Arts Health Children and Youth Human Rights/International
 Disability Recreation Education Seniors
 Service Ethnic Sport Environment / Conservation

Services Provided

please provide a short profile of your organisation

Attach separate sheet if necessary

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Your contact details will not be displayed

I give permission for NVSA to use my image on their social media sites

for the purposes of marketing and promotion Yes No