

**MEMBERSHIP UPDATE FORM**

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