

NEW MEMBERSHIP APPLICATION FORM

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)

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
 Not for profit organisation Incorporated

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

.....

I give permission for NVSA to use my image on their social media sites
 for the purposes of marketing and promotion Yes No