



Ethnic Communities Council of Victoria  
 Suite 101, 398 Sydney Road  
 Coburg VIC 3058  
 T: (03) 9354 9555 F: (03) 9350 2694

eccv@eccv.org.au  
 www.eccv.org.au  
 ABN: 65 071 572 705  
 Registration no: A0027904K

## APPLICATION FOR ECCV MEMBERSHIP

Please fill out the relevant sections as they apply to you or your organisation.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of organisation or individual:

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Office/premises address (for organisations):

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Postal address (where all correspondence will be issued):

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Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

Number of members: \_\_\_\_\_

Please tick the relevant box (or boxes) to indicate the core activities of your organisation

Social  Cultural  Welfare  Other: \_\_\_\_\_  
 Community  Women's  Youth  (please specify)

Please tick the box of the category of membership being sought\* :

**Ordinary Membership** (\$55.00)   
 An organisation whose primary object is either of an ethnic and/or multicultural focus and whose aims and activities are consistent with the statement of purposes of the ECCV.

**Associate Membership\*** (\$55.00)   
 An organisation with an interest in ethnic or multicultural issues (but this not being their primary focus) and whose aims and activities are consistent with the statement of purposes of the ECCV.

**Individual Membership\*** (\$27.50)   
 Individuals who abide with the ECCV's statement of purposes.

\* PLEASE NOTE: In accordance with the ECCV constitution, associate and individual members do not have voting rights.

The annual membership fees for ordinary, associate and individual members shall be determined from time to time



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### Organisation contact details:

President/Chairperson: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (w) \_\_\_\_\_ (h) \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (w) \_\_\_\_\_ (h) \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (w) \_\_\_\_\_ (h) \_\_\_\_\_

### Documents required

Organisations - please attach a copy of the following documents (where applicable):

- Certificate of Incorporation;
- Rules of the organisation; and
- Statement of Purposes of the organisation;
- Particulars of the executive members of the organisation.

Individuals – please provide some information about why you wish to join and a copy of your resume.

**\*\*\* PLEASE NOTE : DO NOT PROVIDE PAYMENT AT THIS TIME \*\*\***

**Notification of payment options will be issued to approved applicants once their membership has been formally ratified by the ECCV Board.**

I acknowledge that prior to signing this application I have read and agreed with the constitution and rules of the ECCV. I also acknowledge that I am in agreement with the statement of purposes attached to it.

In the event of admission to the Association as a member, he / she / it agrees hereby to be bound by the Constitution and Rules of the Association for the time being in force.

Signed:

President/Chairperson: \_\_\_\_\_

Secretary: \_\_\_\_\_

Signed (for individual applicants): \_\_\_\_\_