

APPLICATION FOR ECCV MEMBERSHIP

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

Name of organisation or individual:

Address (where correspondence will be sent):

Telephone:

Email:

Website (if applicable):

Please tick the category of membership being sought:

☐ **Ordinary Membership**

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 Purpose of the ECCV. The organisation must be an Incorporated Association.

Annual Revenue	Annual Fee**	Please select
Less than \$50,000	\$27.50	
\$50,000 - \$250,000	\$55	
\$250,000 - \$1,000,000	\$110	
More than \$1,000,000	\$220	

☐ **Associate Membership***

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 Purpose of the ECCV.

Annual Revenue	Annual Fee**	Please select
Less than \$50,000	\$27.50	
\$50,000 - \$250,000	\$55	
\$250,000 - \$1,000,000	\$110	
More than \$1,000,000	\$220	

☐ **Individual Membership***

Individuals who abide with the ECCV's Statement of Purpose.

Please attach a short statement regarding why you wish to join and a copy of your resume.

Annual fee**	\$27.50
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***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.

****Includes GST**

ORGANISATIONS ONLY (ORDINARY AND ASSOCIATE MEMBERS)

Please provide details of executive members:

Name of President/Chairperson:

Telephone (M):

Email:

Name of Secretary:

Telephone (M):

Email:

Name of Treasurer:

Telephone (M):

Email:

Please tick relevant box (or boxes) to indicate core activities of your organization (if applicable):

- ☐ Social ☐ Cultural ☐ Welfare ☐ Community
☐ Youth ☐ Other (please specify):

Number of staff:

Please attach a copy of the following documents where applicable:

- Certificate of Incorporation
- Rules of the organisation (Constitution)
- Statement of Purpose of the organisation (Mission Statement)

*** * * 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 endorsed 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 agree with the ECCV's Statement of Purpose.

In the event of admission to the ECCV as a member, I/we hereby agree to be bound by the Constitution and Rules of the Association.

Date:

Signature(s):

President/Chairperson: _____

Secretary: _____

Individual applicant: _____