

½ Year New and Renewing Membership Form for Not-for-Profit Organisations joining to 30 June 2011



Membership Status

Please select your Membership Category and tick a fee option box. Membership includes all benefits, voting rights and priority of access to all services.

Organisation Name:

(This must be the legal entity name for your organisation)

Existing Membership Number (if known): _____

New member

Organisations using the Volunteer Referral Service (VRS):

\$50.00 NFP Small (one outlet or program)

\$150.00 NFP Medium (two to three outlets or programs)

\$300.00 NFP Large and Government Departments or City Councils
(four to eight outlets or programs)

\$ Neg NFP Other (more than eight outlets or programs)

Organisations seeking advocacy and information services, newsletters and discounted training (not including VRS):

\$40.00 NFP Affiliate

\$300.00 NFP Large and Government Departments or City Councils

\$40.00 Schools* (Government or Private)

**The cost of holding a SCIP seminar remains \$200 as a separate fee-for-service.*

How do I pay?

Fill in the membership renewal form, send it to The Centre via post, fax or email, and you will receive an invoice that allows Members to pay by BPay, credit card online or by phone, or in person at any Australia Post outlet.

Membership Fee \$ _____

Donation \$ _____

Please invoice me for Total Amount \$ _____

The Membership fee amounts do not include GST as our memberships have been deemed to be a GST-free supply under the relevant provision of the GST legislation. The Centre for Volunteering is registered for GST and our ABN is 28 002 416 024

Where is your main office located?

Street Name and No.: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address/PO BOX: _____
(If different from above)

Suburb: _____ State: _____ Postcode: _____

Organisation web address (if applicable) _____

Who should we contact at your organisation?

Primary Contact Name: _____

Primary Contact Title: _____

Primary Contact Email: _____

(The primary contact will receive all general email correspondence from The Centre for Volunteering)

Secondary Contact Name: _____

Secondary Contact Title: _____

Secondary Contact Email: _____

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Does your Membership Category entitle you to list other outlets or programs? Please list the contacts.

Branch 1 Address:

Phone: Contact Name: Email:

Branch 2 Address:

Phone: Contact Name: Email:

Branch 3 Address:

Phone: Contact Name: Email:

Branch 4 Address:

Phone: Contact Name: Email:

Branch 5 Address:

Phone: Contact Name: Email:

Branch 6 Address:

Phone: Contact Name: Email:

Branch 7 Address:

Phone: Contact Name: Email:

Branch 8 Address:

Phone: Contact Name: Email:

Insurance

Organisations listing volunteering opportunities with The Centre's Volunteer Referral Service (VRS) must attach a copy of their **Volunteer Accident** and **Public Liability** certificates of currency to this form. The Centre for Volunteering reserves the right to request NFP and School Members to produce evidence of required insurances at any time. You must immediately inform The Centre for Volunteering of any changes in the status of required insurance coverage.

Communications Options

Privacy Policy: As a member of The Centre for Volunteering your information will not be passed on to third parties without your written permission.

- Please update my subscription details for The Centre's free e-newsletters: *The Voice of Volunteering, SVM e-news and Volunteer Life*
- I do not wish to receive The Centre's e-newsletters: *The Voice of Volunteering, SVM e-news and Volunteer Life*

Your Organisation Profile

Principle services your organisation provides: _____

Training provided for your volunteers: Orientation On-the-job Training Industry Specific Training (for example, National Standards)

I would like to discuss the possible way The Centre for Volunteering and its School of Volunteer Management can assist in the design and delivery of courses to meet our needs

Number of Volunteers your organisation engaged over the past year: _____

Checklist

- The applicant understands that The Centre for Volunteering does not carry out police checks, character references or health checks in referring potential volunteers to Members, and it is the responsibility of the applicant to carry out such detailed screening of volunteers as part of the final selection process.
- The applicant agrees to adhere to the *National Standards for Involving Volunteers in Not-For-Profit Organisations* and support the *Universal Declaration on Volunteering* (available from www.VolunteeringAustralia.org.au).
- The applicant understands that Membership is renewed annually on 1 July and the Member organisation will be sent an account for renewal in each subsequent year.
- The applicant has read the Insurance section of this form and attached certificates of currency for **Volunteer Accident** and **Public Liability Insurance** policies.
- The applicant has attached an organisation pamphlet, business card or 'with comps' slip showing their company ABN

Name: _____ Date: _____

Signature: _____

Office Administration Use Only:

- Details Entered Banked and Copy to Accounts Member Email Sent Departments Advised
- Insurance Attached Receipt Issue Date: _____ File Form and Attachments