

# 2009-10 New & Renewing Member Application Form (Tax Invoice)



## CURRENT MEMBERSHIP STATUS

- New Member of The Centre for Volunteering  
 Existing Member of The Centre for Volunteering

Membership number (if known): \_\_\_\_\_

## CONTACT DETAILS

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Organisation: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Organisation members please also complete the following:

CEO: \_\_\_\_\_

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

Volunteer Manager: \_\_\_\_\_

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

Website: \_\_\_\_\_

## COMMUNICATIONS

- My email address has changed. Please update my subscription details for The Centre's free e-newsletters and e-zine:  
*The Voice of Volunteering, SVM e-news and Volunteer Life.*
- I do not wish to receive The Centre for Volunteering's communications emails, e-newsletters and e-zine:  
*The Voice of Volunteering, SVM e-news and Volunteer Life.*

## PRIVACY POLICY

As a member of The Centre for Volunteering your information will not be passed onto third parties without your permission.

## MEMBERSHIP CATEGORY

Please select your preferred Membership Category and tick a fee option box.

Membership includes, all benefits, voting rights and priority of access to all services.

MEMBERSHIP CATEGORY	Annual fee
All fees include GST.	1 Jan 2009 to 30 June 2010
<b>Individual</b>	<input type="checkbox"/> \$60
<b>Not-for-Profit – Small</b> 0–5 paid staff (or full-time equivalent)	<input type="checkbox"/> \$75
<b>Not-for-Profit – Large</b> 6+ paid staff (or full-time equivalent)	<input type="checkbox"/> \$225
<b>Schools – SCIP</b> Student Community Involvement Program	<input type="checkbox"/> \$150
Total fee payment	\$
Donation (All donations \$2 and over are tax deductible)	\$
<b>TOTAL</b>	<b>\$</b>
Membership #	
Date processed:	
Processed by:	

## INSURANCE (ORGANISATIONS ONLY)

Members must provide us with their current insurance details. Insurance gives you access to the Volunteer Referral Service and Fido Skilled Volunteering to recruit volunteers.

### Voluntary Workers Personal Accident

Provider: \_\_\_\_\_

Policy No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### Public Liability

Provider: \_\_\_\_\_

Policy No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

## PAYMENT OPTIONS

- Please tick if you require a separate invoice

**Tick to indicate your method of payment:**

- Cash (accepted when paying in person only)

- Cheque/Money Order

*Please make payable to The Centre for Volunteering.*

- Credit Card

\_\_\_ Visa \_\_\_ Mastercard \_\_\_ Amex

Name on card: \_\_\_\_\_  
(please print)

Card number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry: \_\_ / \_\_ Signature: \_\_\_\_\_

- Electronic Funds Transfer \*\*

Account Name: The Centre for Volunteering

BSB: 633-000

Account Number: 124514795

Bank: Bendigo Bank

**\*\* Please attach a copy of the online remittance with this form. When performing the EFT, please ensure you include our payment code CFVM along with your organisation's name in the payment description field, for example, CFVM Angel Care.**

## AGREEMENT

All organisational members agree to adhere to the *National Standards for Involving Volunteers in Not-For-Profit Organisations*

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Authorised on behalf of:  Self  Organisation  SVM Student/s

Please fax your completed form to: 02 9261 4033 or post with your payment to:  
The Centre for Volunteering, Level 2, 228 Pitt Street, Sydney NSW 2000