

2011–2012 New and Renewing Membership Form for Not-for-Profit Organisations

(valid to 30 June 2012)



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 Member: Membership Number (if known): _____ New member

- | | |
|---|----------|
| <input type="radio"/> NFP Affiliate (Does not access Volunteer Referral Service (VRS)) | \$80.00 |
| <input type="radio"/> NFP Small (Up to \$300k annual turnover and one outlet or program) | \$100.00 |
| <input type="radio"/> NFP Medium (\$300k– \$700k annual turnover and up to three outlets or programs) | \$300.00 |
| <input type="radio"/> NFP Large and Government Departments or City Councils
(>\$700k to \$2M annual turnover and up to eight outlets or programs) | \$600.00 |
| <input type="radio"/> NFP Other (>\$2M annual turnover and more than eight outlets or programs) | \$ Neg |
| <input type="radio"/> Schools* (Government or Private) | \$80.00 |
- *The cost of holding a SCIP seminar remains \$200 as a separate fee-for-service.*

How do I pay?

The Centre for Volunteering has moved to a new streamlined payment system that allows Members to pay by credit card online or by phone, or by cheque.

NB: For direct deposits please ensure an identifiable name or code is included in the bank deposit information.

Bank Details: Bendigo Bank **BSB: 633 000 Acct Name : The Centre for Volunteering: Acct Number: 124514795**

You will be sent a personalised invoice for your organisation which allows The Centre to track your payments and process your membership applications efficiently.

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: _____ Phone: _____

Primary Contact Email: _____

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

Secondary Contact Name: _____

Secondary Contact Title: _____ Phone: _____

Secondary Contact Email: _____

Our secondary contact should also receive all general email correspondence from The Centre for Volunteering.

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

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Branch 1 Address: Contact Name:	Email:	Phone:
Branch 2 Address: Contact Name:	Email:	Phone:
Branch 3 Address: Contact Name:	Email:	Phone:
Branch 4 Address: Contact Name:	Email:	Phone:
Branch 5 Address: Contact Name:	Email:	Phone:
Branch 6 Address: Contact Name:	Email:	Phone:
Branch 7 Address: Contact Name:	Email:	Phone:
Branch 8 Address: Contact Name:	Email:	Phone:

NB: Organisations with more than eight outlets or programs requiring separate listing should contact the Membership Department at The Centre for Volunteering on 02 9261 3600

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.

- | | |
|--|--|
| <input type="radio"/> Please update my subscription details for The Centre's free e-newsletters: <i>The Voice of Volunteering, SVM e-news and Volunteer Life</i> | <input type="radio"/> I do not wish to receive The Centre's e-newsletters: <i>The Voice of Volunteering, SVM e-news and Volunteer Life</i> |
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Your Organisation Profile

Principle services your organisation provides: _____

Training you provide 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

Approximate number of Volunteers in your organisation: _____

Approximate number of volunteers recruited each 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:

- | | | | |
|--|---|---|---|
| <input type="radio"/> Details Entered | <input type="radio"/> Banked and Copy to Accounts | <input type="radio"/> Member Email Sent | <input type="radio"/> Departments Advised |
| <input type="radio"/> Insurance Attached | <input type="radio"/> Receipt Issue Date: _____ | | <input type="radio"/> File Form and Attachments |