

**Association of Neighbourhood Houses  
and Learning Centres Inc**

9/289 Flinders Lane  
MELBOURNE VIC 3000  
Phone: 03 9654 1104  
Fax: 03 9654 1094  
Email: anhlc@anhlc.asn.au

**Application for Full Membership**

Name of Organisation \_\_\_\_\_

Street Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

Contact person \_\_\_\_\_ Position \_\_\_\_\_

Local Government Area \_\_\_\_\_

**Full Members** - Please answer the following questions to assist us in assessing your application

Please describe the management structure of your organization \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Coordinator \_\_\_\_\_

Name of Chairperson \_\_\_\_\_

Are you a not-for-profit organisation? Yes  No

Neighbourhood House Network \_\_\_\_\_

Is the House a member of the Network? Yes  No

Is your organisation auspiced? Yes  No

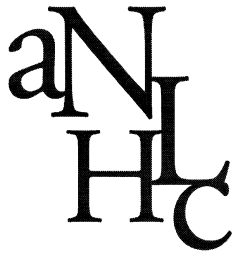
Please send us 1 copy of each of the following documents

- Statement of Purposes
- Certificate of Incorporation (or other documentation showing you are a Non-Profit organisation)
- Constitution
- If auspiced by another organisation, please attach a copy of the auspice agreement/arrangement.
- Most recent Annual Report
- Term Program or equivalent
- Any other information which would help us understand how your organisation operates

- Have you read the ANHLC constitution?
- Are you willing to abide by the ANHLC constitution?
- Have you completed all the relevant questions?
- Have you included the relevant documentation?

Signed on behalf of the organisation:
Name:
Position:
Date:

Please Note: We require all documentation to process your application.



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**Application for Associate Membership**

Name of Organisation or Individual \_\_\_\_\_

Street Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Suburb \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

Contact person \_\_\_\_\_

Position \_\_\_\_\_

Local Government Area \_\_\_\_\_

**Associate Members** - Please answer the following questions to assist us in assessing your application.

Reason for Application \_\_\_\_\_

What involvement do you have with Neighbourhood Houses? \_\_\_\_\_

Description of Services Offered (if applicable) \_\_\_\_\_

Please send us 1 copy of each of the following documents (for applications by an organisation)

- Certificate of Incorporation (or other documentation showing you are a Non-Profit organisation)
- Constitution
- Most recent Annual Report

Have you read the ANHLC constitution?

Are you willing to abide by the ANHLC constitution?

Have you completed all the relevant questions?

Have you included the relevant documentation? (if applicable)

Signed:
Name:
Position:
Date:

Please Note: We require all documentation to process your application.