

## Application for Full Membership

(Please turn over for Associate Member application)

Organisation Name:	
Incorporated Name (if different):	
Contact Person:	Position:
Street Address:	Postal Address:
Telephone:	Fax:
Email:	Website:
Local Government Area:	

<b>Full Members</b> please answer the following questions to assist us in assessing your application:		
Please describe the management structure of your organisation:		
Coordinator Name:	Chairperson Name:	
Neighbourhood House Network:		
Are you a not-for-profit organisation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the House a member of the Network?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your organisation auspiced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please send us 1 copy of each of the following documents:	
<input type="checkbox"/> Statement of Purposes	<input type="checkbox"/> Constitution
<input type="checkbox"/> Most recent Annual Report	<input type="checkbox"/> Term Program or equivalent
<input type="checkbox"/> Certificate of Incorporation (or other documentation showing you are a Non-Profit organisation)	
<input type="checkbox"/> If auspiced by another organisation, please attach a copy of the auspice agreement/arrangement.	
<input type="checkbox"/> Any other information which would help us understand how your organisation operates	

Please tick the following statements as applicable:	
<input type="checkbox"/> We have read the ANHLC constitution	
<input type="checkbox"/> We are willing to abide by the ANHLC constitution	
<input type="checkbox"/> We have completed all the relevant questions	
<input type="checkbox"/> We have included the relevant documentation	

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

## **Application for Associate Membership – Organisation / Individual**

(Please turn over for Full Member Application)

Organisation Name (if applicable):	
Incorporated Name (if applicable):	
Contact Person:	Position:
Street Address:	Postal Address:
Telephone:	Fax:
Email:	Website:
Local Government Area:	

<b>Associate Members</b> 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):

<b>Organisations</b> please send us 1 copy of each of the following documents:
<input type="checkbox"/> Constitution (if applicable) <input type="checkbox"/> Most recent annual report (if applicable)
<input type="checkbox"/> Certificate of Incorporation or other documentation showing you are a Non-Profit organisation (if applicable)

<b>All applicants</b> please tick the following statements as applicable:
<input type="checkbox"/> I / we have read the ANHLC constitution
<input type="checkbox"/> I / we are willing to abide by the ANHLC constitution
<input type="checkbox"/> I / we have completed all the relevant questions
<input type="checkbox"/> I / we have included the relevant documentation (if applicable)

Signed:	Date:
Name:	Position: