



ACTCOSS Membership Application

Name: _____

Address: _____

Ph: _____

Fax: _____

Email: _____

Website: _____

Are you a: (please tick one)

- Individual
- Community Organisation
- Corporate/Government Agency

For individuals, do we have permission to publish your:

First initial and last name in our Annual Report? **Y / N**

For organisations, do we have permission to publish your organisation's:

Name in our Annual Report? **Y / N**

Link on our Website? **Y / N**

Contact person within Organisation or Agency: _____

Preferred contact option: (please tick one)

- Mail
- Fax
- Phone
- Email

Policy issues you are interest in: _____

Organisations applying for new membership are required to provide an electronic or hard copy of their:

- constitution; and
- most recent annual report, along with their application form.

Contact Points: Organisations may elect to have additional Contact Points at \$50 each. Each Contact Point will be sent ACTCOSS newsletters, Fax Streams, notices, and other communications. Please fill in the form on the following page for each additional Contact Point.

Yearly membership fees are based on revenue level for organisations and income level for individuals. Please indicate one.

Community Organisations

Revenue per year	Fees
Less than \$10 000	\$30
\$10 000 to \$50 000	\$60
\$50 000 to \$100 000	\$120
\$100 000 to \$500 000	\$240
\$500 000 to \$1million	\$360
\$1million +	\$480

Associate Members/Individuals

Income per year	Fees
Concession	\$20
Less than \$40 000	\$40
More than \$40 000	\$80

Affiliate Members (Corporate/Government) \$480

Pro-rata Rates: ACTCOSS membership is for a fixed period of a financial year, 1 July – 30 June. Membership applications received between 1 January and 30 June are invoiced on a pro-rata basis, meaning you will only be invoiced for the part of the financial year you are a member. We will request a membership renewal in July.

Membership fee: \$ _____

Signed: _____

Date: _____

Please return your application to the Communications and Membership Officer, Suzanne Richardson:

Post: PO Box 849, Mawson ACT 2607

Office: Weston Community Hub, 1/6 Gritten St, Weston ACT 2611

Email: suzanne.richardson@actcross.org.au



Additional Contact Points

Contact Points: Organisations may elect to have **additional Contact Points at \$50 each**. Each Contact Point will be sent ACTCOSS newsletters, Fax Streams, notices, and other communications. Please fill in the form on this page for each additional Contact Point.

Name of Additional Contact Point: _____

Address: _____

Ph: _____ **Fax:** _____

Email: _____ **Website:** _____

Preferred contact option: (please tick one)

- Mail Fax
 Phone Email

Contact person within Contact Point:

Name of Additional Contact Point: _____

Address: _____

Ph: _____ **Fax:** _____

Email: _____ **Website:** _____

Preferred contact option: (please tick one)

- Mail Fax
 Phone Email

Contact person within Contact Point:

Name of Additional Contact Point: _____

Address: _____

Ph: _____ **Fax:** _____

Email: _____ **Website:** _____

Preferred contact option: (please tick one)

- Mail Fax
 Phone Email

Contact person within Contact Point:

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