

APPLICATION FOR FULL MEMBERSHIP 2018-19

Please note that admission to membership is subject to approval by the FRSA Board. The information you provide on this application form will assist the decision-making process.

Organisation Name _____
Postal Address _____
Street Address _____
Phone () _____ Email _____
Fax () _____ Website _____

Organisation members must identify an individual 'delegate' to exercise the rights of membership and be a point of contact for FRSA.

Delegate: Mr / Mrs / Ms / Dr / _____ First name _____
Surname _____ Position in Organisation _____
Delegate phone _____ Delegate Email _____

Member Declaration

I/We agree to support the vision, mission and values of FRSA and to abide by the Constitution of FRSA (available from www.frsa.org.au):

.....
(Signature of organisation delegate)

.....
Date

Organisation Details

Does your organisation receive government funding? Yes No

Does this include funding from the Federal Govt. State Govt. Local Govt.

Type of **legal entity**: _____ (eg Inc. Assoc., church, company etc)

Please indicate whether the organisation:

- Is an endorsed Charitable Institution (by the ATO) Yes / No
- Has Public Benevolent Institution (PBI) status Yes / No
- Has a Deductible Gift Recipient (DGR) status Yes / No
- Is a Registered Training Organisation (RTO) Yes / No

Approximate number of full time equivalent staff: _____

Services Information

For the purpose of updating our service directory on the FRSA website, please provide or attach a brief description of your organisation:

Please list all your organisations service Locations/Addresses for our service directory map locator:

Name _____ Phone _____
Address _____

Name _____ Phone _____
Address _____

Name _____ Phone _____
Address _____

Name _____ Phone _____
Address _____

Name _____ Phone _____
Address _____

Name _____ Phone _____
Address _____

Name _____ Phone _____
Address _____

Name _____ Phone _____
Address _____

Name _____ Phone _____
Address _____

Does your organisation deliver any of the following services? (Tick as many as apply)

Please note: the following information is based on your **2017-18 funding and services delivered**.

- | | |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Accommodation and housing services | <input type="checkbox"/> Family Violence Services |
| <input type="checkbox"/> Adolescent Mediation & Family Therapy | <input type="checkbox"/> Financial counselling |
| <input type="checkbox"/> Children's services (eg child care) | <input type="checkbox"/> Indigenous services |
| <input type="checkbox"/> Childrens Contact Services | <input type="checkbox"/> Kids in Focus - Family Drug Support |
| <input type="checkbox"/> Communities for Children | <input type="checkbox"/> Legal services |
| <input type="checkbox"/> Communities for Children – Indigenous Parenting Services | <input type="checkbox"/> Mediation / Family Dispute Resolution |
| <input type="checkbox"/> Community service(eg neighbourhood centre) | <input type="checkbox"/> Men and Family Services |
| <input type="checkbox"/> Community Playgroups | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Disability services | <input type="checkbox"/> Migrant or settlement services |
| <input type="checkbox"/> Family Dispute Resolution | <input type="checkbox"/> Out of home care |
| <input type="checkbox"/> Family Relationship Centre | <input type="checkbox"/> Parenting Orders Program |
| <input type="checkbox"/> Family Relationship Counselling | <input type="checkbox"/> Post Separation Cooperative Parenting |
| <input type="checkbox"/> Family Relationships Education | <input type="checkbox"/> Regional Family Dispute Resolution |
| <input type="checkbox"/> Family Relationship Services for Carers | <input type="checkbox"/> Relationship counselling |
| <input type="checkbox"/> Family Relationship Services for Humanitarian Entrants | <input type="checkbox"/> Specialist Family Violence Service |
| <input type="checkbox"/> Family support services | <input type="checkbox"/> Supporting Children after Separation |
| <input type="checkbox"/> Family Support Drought Relief | <input type="checkbox"/> Telephone advice/counselling |
| <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Youth services |
|
Non Service Delivery Functions | |
| <input type="checkbox"/> Research / program evaluation | <input type="checkbox"/> Consultancy / advice |
| <input type="checkbox"/> Training / professional development | <input type="checkbox"/> Advocacy / representation |
| <input type="checkbox"/> Other (please describe: _____) | |

Please enclose a copy of a **brochure** or **Annual Report** if available.

MEMBERSHIP FEE

The following schedule of fees applies for the membership period 1 July 2018 to 30 June 2019. Please note: 2018-19 membership fees are based on your **2017-18 funding**.

Total Family and Communities Programme Funding 2017-18 (ex GST)	Membership Fee (ex GST)	GST	Membership Fee Total (incl. GST)	Select (x)
Tier 1: \$0.00 - \$500,000 pa	\$411.82	\$41.18	\$453	
Tier 2: \$500,001 - \$1,000,000 pa	\$838.18	\$83.82	\$922	
Tier 3: \$1,000,001 - \$2,500,000 pa	\$1527.27	\$152.73	\$1680	
Tier 4: \$2,500,001 - \$5,000,000 pa	\$2666.36	\$266.64	\$2933	
Tier 5: \$5,000,001 - \$10,000,000 pa	\$3807.27	\$380.73	\$4188	
Tier 6: \$10,000,001 and above	\$6624.55	\$662.45	\$7287	

* Refers to the Federal Government's "Family and Communities Program" administered by the Department of Social Services

Total Fees Payable (incl. GST) \$

PAYMENT OPTIONS:

Direct Deposit:

Please send remittance advice to accounts@frsa.org.au

BSB: 062 905

Account No: 10143843

Account Name: Family Relationship Services Australia

Reference No: "NM APP + **Organisation Name**"

Credit Card: MasterCard Visa

Amount Authorised: \$ _____ (incl. GST)

Credit Card No: _____ - _____ - _____

Name on Card: _____

Expiry Date: _____ / _____

CCV: _____

Signature _____

PLEASE RETURN YOUR COMPLETED APPLICATION TO FRSA:

Email: admin@frsa.org.au **or Mail:** PO Box 1270 Fyshwick ACT 2609.