

APPLICATION FOR ASSOCIATE ORGANISATION 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 Fax.....

Email Website

Does your organisation receive government funding? Yes No

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

What does your organisation deliver? (Tick as many as apply for 2017-18)

- | | |
|---|--|
| <input type="checkbox"/> Accommodation and housing services | <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"/> Legal services |
| <input type="checkbox"/> Community service(eg neighbourhood centre) | <input type="checkbox"/> Mediation / Family Dispute Resolution |
| <input type="checkbox"/> Disability services | <input type="checkbox"/> Men and Family Services |
| <input type="checkbox"/> Family Dispute Resolution | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Family Relationship Counselling | <input type="checkbox"/> Migrant or settlement services |
| <input type="checkbox"/> Family Relationships Education | <input type="checkbox"/> Out of home care |
| <input type="checkbox"/> Family support services | <input type="checkbox"/> Relationship counselling |
| <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Telephone advice/counselling |
| <input type="checkbox"/> Family Violence Services | <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.

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:

Organisation members must identify an individual 'Authorised Member 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 Authorised Member Delegate)

.....
Date

MEMBERSHIP FEE

The following schedule of fees applies for the membership period 1 July 2018 to 30 June 2019.

ORGANISATION MEMBER ANNUAL FEE

Total Income 2017-18 (ex GST)	Membership Fee (ex GST)	GST	Membership Fee Total (incl. GST)	Total
Tier 1: up to \$2M annual turnover	\$411.82	\$41.18	\$453	
Tier 2: over \$2M annual turnover	\$838.18	\$83.82	\$922	

Total Fees Payable A (incl. GST) \$

PAYMENT OPTIONS:

Cheque attached

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: "NAM19+ 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.