



INDIVIDUAL ANNUAL MEMBERSHIP APPLICATION FORM

Membership Year: _____

1. PERSONAL INFORMATION

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other: _____

Full Name: _____

Date of Birth: ____ / ____ / ____

Gender:

☐ Male ☐ Female ☐ Prefer not to say ☐ Other: _____

Nationality: _____

Country of Origin: _____

Residential Address: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address (if different): _____

Mobile: _____

Email: _____

2. PROFESSIONAL INFORMATION

Occupation: _____

Employer/Organisation: _____

3. COMMUNITY INVOLVEMENT

Are you currently affiliated with an African community organisation?

☐ Yes ☐ No

If Yes:

Organisation Name: _____

Position Held: _____

4. MEMBERSHIP CATEGORY

☐ Individual Annual Membership

Annual Membership Fee: AUD \$ _____

Payment Method:

☐ Cash

☐ Bank Transfer

☐ EFTPOS

☐ Online Payment

Receipt Number: _____



5. DECLARATION

I hereby apply for Individual Membership of the United African Organisations Network of NSW.

I declare that:

- The information provided in this application is true and correct.
- I agree to abide by the Constitution, Policies, and Code of Conduct of UAON-NSW.
- I understand that membership is subject to approval by the Executive Committee.
- I consent to the Network maintaining my information in accordance with applicable Australian privacy laws.

Applicant Signature: _____

Date: ____/____/____

OFFICE USE ONLY

Membership Number: _____

Application Received:

____/____/____

Membership Approved: ☐ Yes ☐ No

Approval Date: ____/____/____

Approved By: _____

Position: _____

Membership Expiry Date: ____/____/____

Receipt Number: _____

