



ORGANISATIONAL ANNUAL AFFILIATION FORM

Membership Year

Membership Type

☐ New Application ☐ Renewal

1. ORGANISATION DETAILS

Name of Organisation:

ABN (if applicable):

Year Established:

Organisation Type (Tick One):

- ☐ Community Association
☐ Faith-Based Organisation
☐ Women's Organisation
☐ Student Association
☐ Charity / Not-for-Profit

- ☐ Cultural Organisation
☐ Youth Organisation
☐ Professional Association
☐ Business Association
☐ Other: _____

Country / Community Represented:

Brief Description of Organisation's Objectives:

2. REGISTERED ADDRESS

Street Address:	
Suburb:	
State:	Postcode:
Postal Address (if different):	

3. CONTACT DETAILS

Primary Contact Person

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

Full Name:	
Position:	
Mobile:	Email:

4. ORGANISATIONAL ACTIVITIES

Please indicate your organisation's primary areas of work:

5. MEMBERSHIP BENEFITS SOUGHT

Please indicate your expectations from UAON-NSW affiliation.

- | | |
|--|---|
| ☐ Advocacy and Representation | ☐ Networking Opportunities |
| ☐ Capacity Building | ☐ Leadership Development |
| ☐ Information Sharing | ☐ Funding Opportunities |
| ☐ Training Programs | ☐ Partnership Development |
| ☐ Community Events | ☐ Policy Engagement |
| ☐ Other: _____ | |

6. DECLARATION

On behalf of our organisation, we hereby apply for Annual Organisational Affiliation Membership with the United African Organisations Network of New South Wales.

We declare that:

✓	The information provided in this application is true and accurate.
✓	Our organisation supports the vision, mission and objectives of UAON-NSW.
✓	We agree to abide by the Constitution, By-Laws, Policies and Code of Conduct of UAON-NSW.
✓	We understand that affiliation is subject to approval by the Executive Committee.
✓	We agree to pay the prescribed annual affiliation fee upon approval.
✓	We authorise UAON-NSW to communicate with our nominated representatives regarding membership matters.

Authorised Representative

Name:	Position:
Signature:	Date:
Organisation Stamp (if applicable):	

7. MEMBERSHIP CATEGORY

Membership: ☐ Annual Organisational Affiliation	Annual Affiliation Fee: AUD \$ _____
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Payment Method

- | | |
|--|---|
| ☐ Electronic Funds Transfer (EFT) | ☐ Direct Deposit |
| ☐ Cash | ☐ Cheque |
| ☐ Online Payment | |

Receipt Number:	Date Paid:
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OFFICE USE ONLY

Application Received Date:	Membership Number:
Affiliation Approved: ☐ Yes ☐ No	Executive Meeting Date:
Approved By:	Position:
Membership Expiry Date:	

