

APPLICATION FOR ASSOCIATE MEMBERSHIP

I (name of applicant and organisation) hereby apply to become an associate member of Melaleuca Refugee Centre Torture and Trauma Survivors Service of the NT Inc.

In the event of admission as a member, I agree to be bound by the constitution of the Association in force for the time being a member.

CONTACT DETAILS

Postal Address

Telephone Number (Mobile)

Email

Occupation

Signature

Date

NOMINATION / APPROVAL

This application is to be supported and approved by **two existing associate members** of Melaleuca Refugee Centre. If you do not know any other member please provide a copy of your resume.

Name Name

Signature Signature

Refer to Melaleuca Refugee Centre Constitution Clause 5.

CONTRIBUTION

In which of the following area(s) can you contribute to Melaleuca?

- | | | |
|--|---------------------------------|--|
| <input type="checkbox"/> Human Rights | <input type="checkbox"/> Youth | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Health | <input type="checkbox"/> Media/Publicity |
| <input type="checkbox"/> Accommodation | Other..... | |

(Office use only: Date joined.....)