

APPLICATION FOR MEMBERSHIP



NAME OF ORGANISATION:				
Postal Address:				
Suburb:		State:		Postcode:

Office Street Address:				
Suburb:		State:		Postcode:

Office Phone No:		Primary Email address:	
Website:			

If you are applying as an Incorporated Association, please attach:

- A copy of your Certificate of Incorporation;
- A copy of your Constitution; and
- The list of your current Office Bearers.

Type of Membership: *(Please tick the appropriate box)*

Full Member — (\$210.00 p.a. inclusive of GST)

Applicants for Full Membership must be engaged in the conduct, administration, promotion and development of Sport or Active Recreation and be the representative body of that activity in Western Australia

Affiliate Member — (\$210.00 p.a. inclusive of GST)

Applicants for Affiliate Membership must be engaged in pursuits complementary to the activities of Full Members (for more detailed criteria please visit our website at www.sportwest.com.au)

Individual Member — (\$95.00 p.a. inclusive of GST)

Applicants for Individual Membership must be a natural person interested in furthering the objects of SportWest.

I/We the undersigned agree to abide by the Purpose of SportWest as set out in the SportWest Constitution.

Association authorised signatory:

Signature: _____

Full name: _____

Position held: _____

Individual signatory:

Signature: _____

Full name: _____

Date of Application: / /20

KEY CONTACTS FORM

(Please complete all sections of this form)

NAME OF ORGANISATION:				
Postal Address:				
Suburb:		State:		Postcode:

Office Street Address:				
Suburb:		State:		Postcode:

Office Phone No:		Primary Email address:	
Website:			

Member Representative

Full and Affiliate Members of SportWest should nominate a representative. Your nominated representative will be your organisation's key contact with SportWest. Your representative is invited to attend the Annual General Meeting and General Meetings of SportWest, which are held up to three times a year. These meetings are an opportunity for Members to be updated about key items in the sport and recreation industry, raise any additional topics and network with other Members.

Your organisation's nominated representative will receive all correspondence from SportWest. Correspondence will include Members Meeting notices and documentation, membership renewals, newsletters and industry information.

Member Representative (contact for meeting notices & generally first point of contact)

Title (Mr/Ms/Mrs):		First Name:		Surname:	
Position:					
Postal Address:					
Suburb:		State:		Postcode:	

Phone:		Mobile:	
Email:			

KEY CONTACTS

CEO

Title (Mr/Ms/Mrs):		First Name:		Surname:	
Postal Address:					
Suburb:		State:		Postcode:	

Phone (Work):		Phone (Home):	
Mobile:		Fax:	
Email:			

PRESIDENT/CHAIRPERSON

Title (Mr/Ms/Mrs):		First Name:		Surname:	
Position:	<input type="checkbox"/> President		<input type="checkbox"/> Chairperson		
Postal Address:					
Suburb:		State:		Postcode:	
Phone (Work):			Phone (Home):		
Mobile:			Fax:		
Email:					

OTHER (for example: Secretary, Treasurer)

Title (Mr/Ms/Mrs):		First Name:		Surname:	
Position:					
Postal Address:					
Suburb:		State:		Postcode:	
Phone (Work):			Phone (Home):		
Mobile:			Fax:		
Email:					