

APPLICATION FOR MEMBERSHIP

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|------------------------------|--|------------------------|--|-----------|--|
| NAME OF ORGANISATION: | | | | | |
| Office Street Address: | | | | | |
| Suburb: | | State: | | Postcode: | |
| Postal 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

Applicants for Full Membership must be engaged in the conduct, administration, promotion and development of Sport or Active Recreation and be the peak body, as recognized by SportWest, of that activity in the State. Generally, Full Members are recognized by SportWest as the State Sport Association for the activity in Western Australia.

- Small** | 9 FTE or fewer (\$310 p.a. exclusive of GST)
- Medium** | 10 – 19 FTE (\$490 p.a. exclusive of GST)
- Large** | 20 – 49 FTE (\$730 p.a. exclusive of GST)
- Extra Large** | 50+ FTE (\$940 p.a. exclusive of GST)

Affiliate Member

Applicants for Affiliate Membership must be engaged in pursuits complementary to the activities of Full Members, and includes (but not limited to):

- Professional teams
- Education providers
- Multi-sport deliveries
- Local Government Authorities and other Government agencies
- Private Business

- Small** | 9 FTE or fewer (\$310 p.a. exclusive of GST)
- Standard** | 10+ FTE (\$490 p.a. exclusive of GST)

Individual Member

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

- Individual** | As defined above (\$205 p.a. exclusive of GST)
- Individual Student** | As defined above, with student ID (\$25 p.a. exclusive of GST)

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____

For SportWest Membership enquiries, contact:

Matt Bamford
Member & Partnerships Manager
E: mattbamford@sportwest.com.au
Ph: 0419 287 024

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: | | Email: | | | |

PRESIDENT/CHAIRPERSON

| | | | | | |
|--------------------|---|-------------|---------------|----------|--|
| Title (Mr/Ms/Mrs): | | First Name: | | Surname: | |
| Position: | <input type="checkbox"/> President <input type="checkbox"/> Chairperson | | | | |
| Phone (Work): | | | Phone (Home): | | |
| Mobile: | | | Email: | | |

OTHER (for example: Secretary, Treasurer)

| | | | | | |
|--------------------|--|-------------|---------------|----------|--|
| Title (Mr/Ms/Mrs): | | First Name: | | Surname: | |
| Position: | | | | | |
| Phone (Work): | | | Phone (Home): | | |
| Mobile: | | | Email: | | |