



**MEMBERSHIP APPLICATION  
FOR ORGANISATION**

**GENERAL INFORMATION**

Name:

ABN:

Address:

City:

State:

Post Code:

Phone I:

Phone II:

Fax:

Email address:

Website:

**EXECUTIVE DIRECTOR**

Name:

Position:

How long?

Phone:

E-mail:

Fax:

Address:

City:

State:

Post Code:

**POINT OF CONTACT WITH NIRWA**

Please nominate a person who will be responsible for communicating with NIRWA

Name:

Position:

Phone:

E-mail:

Fax:

Address:

City:

State:

Post Code:

**AIMS AND CORE VALUES**

Please describe the type of work your organisation is involved with and the core values that guide your work

**REFERENCE**

Please give the details of an independent person who is involved with the organization but who is not a members  
(Evaluator, Officer for stakeholder's relation in a government department, etc.)

Name:

Phone:

Organization:

Email:

**SIGNATURE**

I authorize the verification of the information provided on this form. I have received a copy of this application.

Signature of applicant:

Date: