



www.huntermulticultural.org.au
office@huntermulticultural.org.au

APPLICATION FOR MEMBERSHIP

Hunter Multicultural Communities Inc.
(ABN – 66 516 562 944)

Application to join as:
(please tick box)

<u>Associate Group - \$25</u> Between 15 -250 members (entitles group to one voting delegate)	<input type="checkbox"/>	<u>Friends of HMC \$10</u> (no voting rights)	<input type="checkbox"/>
<u>Associate Group - \$50</u> Between 250 -750 members (entitles group to two voting delegates)	<input type="checkbox"/>	<u>Individual - \$25</u> (full voting rights)	<input type="checkbox"/>
<u>Associate Group - \$100</u> More than 750 members (entitles group to three voting delegates)	<input type="checkbox"/>		

Full Name of Individual, Organisation or Group

Address

What culturally and linguistically diverse community does your organisation represent? Please give details

Delegate Name: _____ Phone: _____

Email: _____

PROFILE The following will assist HMC to understand and advocate on your behalf.

How many people:

a) do you / your organisation represent _____

b) work as volunteers in your community organisation _____

Tick any of the following activities which your organisation undertakes:

() non-profit fund raising

() arts, language, & cultural

() legal support

() youth

() children and families

() education

() other _____

APPLICATION FOR MEMBERSHIP

How did you hear about HMC?

Why would you like to become a member?

.....

I/We hereby apply to become a member of the above-mentioned incorporated association. In the event of my/our admission as a member, I/we agree to be bound by the rules of the Association.

Signature of Applicant: _____ Date: _____

.....

BOARD USE ONLY

As authorised members of the HMC, we approve / reject this application for membership:

APPROVE

REJECT

Name of HMC Authorised Person(s) _____

Signature of HMC Authorised Person(s) _____

Date of Signature ____/____/____