

Application for affiliation with the Conservation Council of WA

Thank you for applying to become a Member of the Conservation Council of WA. You will be joining more than 100 community conservation groups who actively support the work of the Council in providing a voice – your voice – for the environment!

Please see below important information for new applicants. If you have any difficulties completing this application form or have any queries about affiliation please contact us on 9420 7266 or email conswa@ccwa.org.au

TYPES OF MEMBERSHIP

Groups accepted for affiliation with the Council will remain a **Corresponding Body** for the first 12 months of affiliation. A Corresponding Body is not entitled to address Council meetings without approval of the Council nor do they have the right to vote. After being a member for 12 months, groups can apply to become a full **Member Body** with full speaking and voting rights. Alternatively, groups are permitted to remain as a Corresponding Body if they choose.

Attachments Required

To complete this application, please send a copy of your Constitution (if incorporated) or alternatively a copy of your group's aims and objectives (if not incorporated), preferably by email to conswa@ccwa.org.au

EMAIL COMMUNICATIONS

As a member of CCWA all the people listed on this form will receive these automatically.

Section A: Group Details

Group Name: _____ (Approx) No. of Members: _____

Incorporated? ☐ Yes ☐ No ABN: _____ Estimated Annual Turnover: _____

No. of Active Volunteers: _____ Employees: _____

Your Group's contact details to be made public:

Your affiliation with CCWA will offer the opportunity to promote your group on our website ccwa.org.au/members

Group Website: _____

Email Address: _____

Postal Address: _____

Phone Number: _____

Please indicate which three priority environmental issues your group is working on currently:

1. _____

2. _____

3. _____

Section B: Contact Details

Primary Contact

(This contact will receive all official correspondence relating to the Council and affiliation unless advised by the group otherwise, including meeting notifications, agenda and minutes, relevant events and membership renewal. We will also refer any inquiries regarding the group to the primary contact.)

First Name: _____ Last Name: _____

Address _____ Postcode: _____

Phone: _____

Email: _____

Alternative Contact

First Name: _____ Last Name: _____

Address _____ Postcode: _____

Phone: _____

Email: _____

Section C: Fees

Group under 100 members: ☐ \$60.00

Groups of 100 members & over: ☐ \$90.00

Donation (Thank you): ☐ \$ _____

Total: \$ _____

Please send your cheque to:

Conservation Council of WA
2 Delhi Street
West Perth WA 6005

Or transfer funds to:

Account Name: Conservation Council of WA
BSB: 633 000
Account Number: 154 094 338
Reference: (Your Group Name)

A tax receipt will be issued to you once payment is received. Our ABN: 359 8247 6107

OFFICE USE ONLY

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Task	Responsibility	Complete
Payment Received:	Accounts	Cheque/bank Transfer date:
Membership contribution recorded (database):	Admin	Date:
Membership exp changed (database):	Admin	Date:
Updated group details on database and website:	Admin	Date:
Member Ledger:	Admin	Date:
Filed:	Admin	Date:
Receipt Sent:	Admin	Date: