

**APPLICATION FOR MEMBERSHIP OR RENEWAL OF MEMBERSHIP
Albury-Wodonga Ethnic Communities Council Inc. (AWECC)
Membership year 2021-2022**



Please fill out the sections that apply to you, or your community organisation.

Date: ___/___/2021

Individual Name: _____

OR

Name of Community Group/Associate

What category of membership do you want? (***please tick one box only***):

- Individual Membership:** Individuals of any ethnic background who agree with the AWECC's Statement of Purposes.
- Community Membership:** An organisation whose primary focus is either of an ethnic and/or multicultural nature and whose aims and activities are consistent with the Statement of Purposes of the AWECC.
- Associate Membership:** An organisation with an interest in ethnic and/or multicultural issues (but this not being their primary focus) and whose aims and activities are consistent with the Statement of Purposes of the AWECC

In accordance with the **Albury Wodonga Ethnic Communities Council Inc** Constitution & Rules, members have voting rights only at Annual General Meetings or Special Meetings, or as elected members of the Board.

Annual membership fees are as follows:

Community	Associate	Individual
\$50.00	\$50.00	\$10.00

Payment method: (AWECC cannot accept cash)
**Direct Deposit: Albury-Wodonga Ethnic Communities Council, Hume Bank BSB 640 000,
Acc# 111220052, Reference: <Membership ... Your Name>.**

INDIVIDUAL TO SIGN BELOW

I acknowledge that I can access a copy of the current AWECC Constitution on the AWECC website. I also acknowledge that I am in agreement with AWECC's purposes. I agree to be bound by the Constitution and Rules of AWECC currently in force.

Mobile: _____

Email address: _____

Your signature: _____

PLEASE EMAIL OR POST THIS APPLICATION FORM TO:

contact@awecc.org.au or P. O. Box 920, Wodonga, VIC, 3690

FOR COMMUNITY GROUPS ONLY – PLEASE COMPLETE THE SECOND PAGE

Office Bearers

President/Chairperson:

Name: _____

Address: _____

Mobile: _____

Secretary:

Name: _____

Address: _____

Mobile: _____

Treasurer:

Name: _____

Address: _____

Mobile: _____

Number of members: _____

Activities:

Social / Cultural / Welfare / Community / Health / Women's / Youth (*cross out those not applicable*)

Other (*please specify*): _____

Please attach a copy of the following documents (*where applicable*):

1. Certificate of Incorporation
2. Statement of Purposes of your organisation

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Signed (for community organisations):

President/Chairperson: _____

Secretary: _____

Contact email address: _____

Contact Mobile: _____

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