



Queensland Aboriginal and Torres Strait Islander Child Protection Peak Ltd.

14 Horan Street, West End Qld 4101

Membership Application Form

Full Name of Service/Organisation applying for membership:

Street Address:

Postal Address:

Business Phone No.:

Business Fax No.:

Type of services provided:



Name of contact person:

Contact details:

Phone:
Fax No.:
Email Address:

Where applicable, the name and address of the legal entity organisation:

Membership:

An organisation is eligible to become a Full Member if the organisation:

- Is an Aboriginal and Torres Strait Islander Community Controlled Service or an Aboriginal and Torres Strait Islander Child Protection Agency;
- Provides child protection, statutory services, alternative care, family support, residential care, kinship and foster care, child and family wellbeing services and related services to the community which it services;
- Is based in, or provides services to Queensland;
- agrees to comply with the QATSI CPP Practice Standards in the delivery of Department of Communities, Child Safety and Disability Services funded child and family wellbeing services;
- agrees to assume the liability to pay the Membership guarantee as per under Membership Fees.

Affiliate Membership:

An organisation or an individual is eligible to become an Affiliate Member if the organisation or individual:

- has an interest in the Company's objects;

Date: 27 February 2017 V.1

QATSI CPP Membership Application Form



ChildProtectionPeak

- agrees to assume the liability to pay the Membership guarantee set out set out below in Membership Fee;
- pays the Membership Fee.

Membership Fee:

- The annual membership fee payable by each Member will be \$200.00. (Full membership or Affiliate membership);
- The Membership Fee period will commence on 1 July of each year, and the Membership Fee will be due in advance within 30 days of this date;
- If a Member does not pay the Membership Fee within 30 days after it becomes due the Directors:
 - will give the Member notice that the Membership Fee is overdue; and
 - if the Membership Fee remains unpaid 21 days from the date of that notice, may terminate that Member's membership.

When applying for membership for the first time, organisations are required to send/provide a copy of the following:

- their certification of Incorporation;
- a list of current board members;
- a copy of the current constitution or constituent document of the applicant (where applicable);
- a written commitment that the organisation will abide by QATSCIPPs Constitution and the Charter of Corporate Governance.

Please send to:

Chief Executive Officer,
QATSCIPP Ltd,
14 Horan Street,
West End Qld 4101

Or email:

Lenny Dahlen: lennydahlen@qatsicpp.com.au



The QATSICPP Board will consider application of membership at the next Board meeting after the application is received. In considering the application for membership, the Board may:

- accept or reject the application;
- accept the application with a variation to the Region; or
- ask the applicant to give more information or evidence of eligibility for membership.

Note: The Board does not have to give any reason for rejecting an application for membership.

QATSICPP will notify the applicant following the acceptance or rejection of an application for membership.

Please tick if the type of membership you are applying for:

Membership

Affiliate Membership

If the membership has been accepted, please let us know how you will be paying the membership fee:

Method of payment (Please tick):

Cheque

We/I wish to arrange an electronic funds transfer

QATSICPP will arrange for an invoice to be forwarded for payment of the annual membership fee.



Privacy:

The information collected by QATSICPP for membership will not be provided to any other party, except where it is part of QATSICPP publication distribution operations. Your organisations name, contact details & date of membership will be inserted into the Member’s Register.

Declaration (please tick box):

We support the aims and objectives of the Queensland Aboriginal and Torres Strait Islander Child Protection Peak Limited and declare that all information supplied is accurate. We apply for membership to QATSICPP Ltd.

Print name of person representing this organisation:

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Print title of person representing organisation (e.g. CEO, Chairperson):

.....

Signature of person representing this organisation:

.....

Date:

Office Use Only	
Application received:	Date:
All documentation received:	Date:
Payment received:	Date:
Processed by:	Date: