MEMBERSHIP APPLICATION FORM

☐ Renewal   ☐ New Membership

Membership Type *(see By-Law 4 for information)*

Privacy Policy: As a member of Victims of Crime NT your information will not be passed on to third parties without your written permission.

☐ Individual   ☐ Associate   ☐ Sponsorship   ☐ Corporate

Applicant Details

Title		Full Name	
Organisation			
Building / Level			
Street / Post Box			
Suburb		State	Postcode
Email Address			
Business Phone		Mobile	

Sponsorship members: Please nominate the voting member and list the individuals included in the membership below.

Members	Email Address

Communication

Please send correspondence via: Email ☐   Mail ☐

Terms and Conditions

Admission to membership of Victims of Crime NT Inc is at the discretion of the Committee. As a member of Victims of Crime NT Inc, your information will not be passed on to third parties without prior written permission. To protect victims, a Confidentiality Deed must be signed and accompany this membership application. The Confidentiality Deed will ensure compliance with the Privacy Act and Regulations and will be kept on file by Victims of Crime NT Inc. Should a conflict of interest occur, the relevant members shall declare such a conflict at the beginning of each meeting or activity. The applicant understands that Membership is renewed annually on 1 July and the member will be sent a reminder for renewal in each subsequent year. Acceptance of membership binds the member to the Constitution and By-Laws of the Association.

Declaration

I wish to apply for membership with Victims of Crime NT Inc and hereby agree to be bound by the Terms and Conditions, Constitution, Rules and Regulations and By-Laws of the Organisation for the term of my membership.

Name: _____   Signature: _____   Date: _____

Office Use Only

☐	Details entered in database	☐	Acceptance sent	☐	Register updated
☐	Confidentiality Deed received	☐	File created	☐	Receipt Issued