

Child and Family Alliance WA

Membership Form

Trading / Legal Name: _____ ABN _____

Preferred Name: _____

Address _____ Suburb: _____

State: _____ Postcode _____

Organisation Contact Information

Email: _____ Phone: _____ Fax: _____

Website: _____

What child and family services does your organisation provide?

Membership Delegate (person nominated to vote on behalf of your organisation)

Title: _____
Mr/Mrs/Miss/Ms/Dr/Other _____ Family Name: _____ Given Name: _____

Position Title: _____

Email: _____ Mobile: _____

The Membership Delegate is the primary contact for all membership related communications with the Child and Family Alliance WA and the official representative from your organisation to vote on constitutional and board matters at the Child and Family Alliance WA AGM

CEO / Executive Officer

Title: _____
Mr/Mrs/Miss/Ms/Dr/Other _____ Family Name: _____ Given Name: _____

Position Title: _____

Email: _____ Mobile: _____

I am authorised to make this application on behalf of my organisation

Signature

Date