**MEMBERSHIP APPLICATION FORM**

**Type of Membership:** *(All fees are inclusive of GST)*

**Individual** *(Persons not representing an Organisation) -* $25 for 1 year;

$45 for 2 years; or

$60 for 3 years

**Community Sector Organisation** - $75 for 1 year and includes 1 participant;

$140 for 2 years and **includes 3 participants**; or  
$195 for 3 years and **includes 5 participants**

**Government Organisation / For Profit Organisation / Fully-Funded Non-Community Sector Program** -   
$150 per annum and **includes up to 5 participants**

***Nominated participants will receive the weekly BMCI eBulletin and have access to “member only” resources on the MCRN website (***[***www.mcrn.org.au***](http://www.mcrn.org.au)***). Additional participants can be included for a fee.***

No. of **additional** participants (if required) - $5 per person per annum: Click here to enter text.

**Subscription Period**

No. of years: Choose an item.

*MCRN will generate an invoice based on the Type of Membership, No. of additional participants and the nominated Subscription Period.****Please do not sumbit payment prior to receipt of an MCRN Invoice****.*

**Contact Details**

**Key Contact/Participant:** ..Click here to enter text.

**Job Title/Occupation:** …Click here to enter text.

**Phone/s:**..Click here to enter text.

**Email**:…Click here to enter text.

**Organisation Name**:…Click here to enter text. **ABN:** ...Click here to enter text.

**Website:**...Click here to enter text.

**Facebook Page:**....Click here to enter text.

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| --- | --- |
| **Mailing Address:**  Click here to enter text. | **Physical Address:** (if different from Mailing Address)  Click here to enter text. |

**Brief Description of Your Services/Activities Provided in the Blue Mountains**

**Other Participant Details** *(complete for all nominated participants other than the Key Contact/Participant)*

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone** | **Email** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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Email address for general administration (no Participant privileges):…Click here to enter text.

**Funding Details** *(to be completed by Community Sector and Government Organisations only)*

***Funding per annum******Funding/Service Type***

less than $100,000 ADHC

less than $500,00 Community Services

less than $1m

more than $1m Other: …Click here to enter text.

No. of project outlets operated by your organisation: Click here to enter text.

Does your organisation have DGR/PBI status? Yes No

**Member Agreement**

I hereby apply to become a member of the MCRN. In the event of my/our admission as a member, I/we agree to be bound by the MCRN Constitution, and agree to work within the Mission, Vision and objects of the MCRN (as outlined in MCRN’s current Strategic Plan and Code of Ethics).

Signature: ...Click here to enter text. Date : …Click here to enter text.

I agree to my membership of MCRN being published: Yes No

**Please complete and return this Application to** [**support@mcrn.org.au**](mailto:support@mcrn.org.au)**.**

**All new Applications will be submitted to the MCRN Board for approval.**