



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 - \$50 for 1 year and includes 1 participant; \$95 for 2 years and includes 3 participants; or \$120 for 3 years and includes 5 participants
Government Organisation / For Profit Organisation / Fully-Funded Non-Community Sector Program - \$100 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). Additional participants can be included for a fee.

Enter the number of additional participants (if required) - \$5 per person per annum.

Subscription Period

Enter the number of years.

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

Contact Details

Key Contact/Participant:
Job Title/Occupation:
Phone/s: Email:
Organisation Name: ABN:
Website:
Facebook Page:

Mailing Address: Physical Address: (if different from Mailing Address)

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

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

Name	Phone	Email

Email address for general administration (no Participant privileges):.....

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

### Funding per annum

- less than \$100,000
- less than \$500,00
- less than \$1m
- more than \$1m

### Funding/Service Type

- ADHC
- Community Services
- Other: .....

No. of project outlets operated by your organisation:

Does your organisation have DGR/PBI status?

- Yes     No

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## 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: .....

Date : .....

I agree to my membership of MCRN being published:

- Yes     No

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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.