



"Keeping health in mind – its everyone's business"

**SabrinasReach4Life**  
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## MEMBERSHIP APPLICATION/RENEWAL FORM

SR4L has three categories of membership (please select your membership type):  Individual members (1 vote, Bereaved & Volunteers free membership)

Organisational members (1 vote)

Associate Members (no voting rights includes agency, Government, institution)

### Benefits of Membership:

- Be part of a community passionate and committed to suicide prevention, intervention and postvention in the NT
- Be part of an organisation dedicated to support those who have been bereaved and/impacted by suicide
- Advocacy for systemic change and accessible services including referral pathways
- Priority and free access to training, community forums/ information sessions and activities
- Access to information relating to national and local networks and partnerships

**NOTE:** An applicant becomes a member only upon approval by the Committee and payment of the annual membership fee for the current financial year (if applicable).

Membership fees are due on **1st July** and payable during the month of July each year. Existing Members who have not renewed before 1st October are deemed to have resigned and are no longer entitled to voting rights.

INDIVIDUAL MEMBERSHIP				
Name (block letters)		Surname		
Postal Address				
Residential Address				
Place of Birth		DOB		
<b>Bereaved</b>	Yes	No	<b>Volunteer</b>	Yes No
Email				
Position Title		Email		
Phone		Mobile		

ORGANISATIONAL MEMBERSHIP	
Name of Organisation	
Postal Address	
Business Address	
Email	
Accredited Delegate Name	
Position Title	Email
Phone	Mobile

ASSOCIATE MEMBERSHIP	
Name of organisation	
Name of nominated representative	
Postal Address	
Email	
Position Title	Email
Phone	Mobile

**TO BE COMPLETED BY THE APPLICANT AND SR4L MEMBERS (NOMINATOR AND SECONDER)** Only a **new** applications need be nominated and seconded by SR4L Members. Please tick (II) the appropriate box below:

**New Application for Membership**     **Renewal of Membership**     **Delegates Update**

Name of Applicant/Member	Signature of Applicant/Member
.....	.....

Name of Member as a Nominator	Signature of Member as a Nominator
.....	.....

Name of Member as a Seconder	Signature of Member as a Seconder
.....	.....



QR Code SabrinasReach4Life

**MEMBERSHIP FEES AND ACCEPTANCE OF PAYMENT**

Mode of payment Cash    Bank     Reference no:.....

Signature of Applicant/Member Accepting .....

Payment Date .....                          DATE:        ..../ ..../ .....

I, the undersigned, hereby apply for membership with SabrinasReach4Life Incorporated:

I Hereby make application for Membership as follows: *(Please indicate by placing a circle in applicable box)*

Memberships can be paid to:

<b>Member Type</b>	<b>PA</b>	<b>5 Years</b>
Individual (volunteer nil)	<b>\$1</b>	<b>\$5</b>
Organisational	<b>\$20</b>	<b>\$120</b>
Associate	<b>\$100</b>	<b>\$300</b>

Acc Name: SabrinasReach4Life
BSB: 805050
Account: 102502880
Pay ID: 0414682206

.....  
*Signature of Applicant*

.....  
*Date*