



"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		
Bereaved	Yes	No	Volunteer	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 Secunder Signature of Member as a Secunder

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:

Member Type	PA	5 Years
Individual	\$1	\$5
Individual vol / bereaved	\$0	\$0
Organisational	\$20	\$120
Associate	\$100	\$300

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

.....
Signature of Applicant

.....
Date