

**APPLICATION FOR MEMBERSHIP OR RENEWAL OF MEMBERSHIP  
Albury-Wodonga Ethnic Communities Council Inc. (AWECC)  
Membership year 2022-2024**



Please fill out the sections that apply to you, or your community organisation.

Date: \_\_\_/\_\_\_/\_\_\_2022

Individual Name: \_\_\_\_\_

**OR**

Name of Community Group/Associate  
\_\_\_\_\_

What category of membership do you want? ***(Please tick one box only):***

- Individual Membership:** Individuals of any ethnic background who agree with the AWECC's Statement of Purposes.
- Community Membership:** An organisation whose primary focus is either of an ethnic and/or multicultural nature and whose aims and activities are consistent with the Statement of Purposes of the AWECC.
- Associate Membership:** An organisation with an interest in ethnic and/or multicultural issues (but this not being their primary focus) and whose aims and activities are consistent with the Statement of Purposes of the AWECC

In accordance with the **Albury Wodonga Ethnic Communities Council Inc** Constitution & Rules, members have voting rights only at Annual General Meetings or Special Meetings, or as elected members of the Board.

**Two-year membership fees are as follows:**

Community	Associate	Individual
\$50.00	\$50.00	\$10.00

**Payment method:** (AWECC cannot accept cash)  
**Direct Deposit:** Albury-Wodonga Ethnic Communities Council, Hume Bank BSB 640 000,  
Acc# 111220052, Reference: <Membership ... *Your Name*>.

**INDIVIDUAL TO SIGN BELOW**

I acknowledge that I can access a copy of the current AWECC Constitution on the AWECC website. I also acknowledge that I am in agreement with AWECC's purposes. I agree to be bound by the Constitution and Rules of AWECC currently in force.

Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Your signature: \_\_\_\_\_

**PLEASE EMAIL OR POST THIS APPLICATION FORM TO:**

[contact@awecc.org.au](mailto:contact@awecc.org.au) or [secretary@awecc.org.au](mailto:secretary@awecc.org.au) or hand into AWECC Office, 155 High St, Wodonga

**Applications close Friday 4<sup>th</sup> November 2022 at 4.00pm.**

**FOR COMMUNITY GROUPS ONLY – PLEASE COMPLETE THE SECOND PAGE**

**Office Bearers**

**President/Chairperson:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile: \_\_\_\_\_

**Secretary:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile: \_\_\_\_\_

**Treasurer:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile: \_\_\_\_\_

Number of members: \_\_\_\_\_

Activities:

Social / Cultural / Welfare / Community / Health / Women's / Youth (*cross out those not applicable*)

Other (*please specify*): \_\_\_\_\_

Please attach a copy of the following documents (*where applicable*):

1. Certificate of Incorporation
2. Statement of Purposes of your organisation

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Signed (for community organisations):

President/Chairperson: \_\_\_\_\_

Secretary: \_\_\_\_\_

Contact email address: \_\_\_\_\_

Contact Mobile: \_\_\_\_\_

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