



# VACCA

Connected by culture

VICTORIAN ABORIGINAL CHILD CARE AGENCY

## Co-operatives National Law

# APPLICATION FOR MEMBERSHIP

Please use this form to renew or apply for membership

**Name of Co-operative: Victorian Aboriginal Child Care Agency Co-op Ltd**

**Step 1: Please check your details below are correct and amend in the space provided:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**Step 2: Please Indicate**

Are you of Aboriginal or Torres Strait Islander descent?	Yes / No
Are you 18 years of age or over?	Yes / No
Do you agree to comply with VACCA's Code of Conduct? (attached)	Yes / No

VACCA's Model Rules state that membership shall be restricted to persons who:

- are of Australian Aboriginal or Torres Strait Islander descent; and
- are 18 years of age or over; and
- comply with VACCA's Code of Conduct

*Please Note:* Membership applications must be received and paid by 30th June 2022 to be eligible to become a member for this year's 2021/2022 Annual General Meeting.

**Step 3: Your signature**

Signature of Applicant: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

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

**Step 4: Payment**

Please select the number of years you would like to sign up for, how you would like to pay and return this form in the reply paid envelope provided or to VACCA Reply Paid 88806 by 30th June 2022

- 1 year - \$2                       I have enclosed a cash payment
- 2 years - \$4                         I have paid by direct deposit
- 3 years - \$5

**Bank details**

**Name of account:** VICTORIAN ABORIGINAL CHILD CARE AGENCY CO-OP LTD

**BSB:** 063 123    **Account Number:** 0090 2307

**Reference:** Your full name