ASSOCIATE MEMBERSHIP APPLICATION FORM

Associate Membership of SACOSS is subject to approval by the SACOSS Board which meets monthly.



PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

ABN 93 197 662 296

Business Details		In this section please provide details of the business applying for membership.					
Legal Name	e and 'Trading as' (if applicable)						
ABN							
Physical Bu	siness Address						
Postal Add	ress (if different to above)						
Main Busine	ess Phone Number	General Business			s Email Address		
Please nominate a Primary Contact and a Secondary Contact. The Primary Contact will be the first point of contact for SACOSS member-related business. Both people listed below will receive all SACOSS general communications.							
Primary Contact							
Name				Position title	9		
Mobile	Direct			Email			
Secondary Contact							
Name					Position title	Э	
Mobile		Direct			Email		

ASSOCIATE MEMBERSHIP APPLICATION FORM

Table of Membership Fees Fees apply for one year from 1 July to 30 June and are based on the business's total annual turnover from all sources. For your first year of membership we pro rate our fees on a quarterly basis. On receipt of your application SACOSS will issue a Tax Invoice with your pro rata membership fee for this year. **Please select your Membership Category** Annual Fee inc GST Total Annual Turnover Total Annual Turnover Annual Fee inc GST \$130 \$1420 Less than \$100k \$2.5m to under \$5m \$100k to under \$500k \$380 \$5m to under \$20m \$1910 | | \$20m to under \$50m \$630 \$3560 \$500k to under \$1m \$1,030 \$6470 \$1m to under \$2.5m Over \$50m Payment Options On receipt of your Tax Invoice please pay via Credit Card, EFT Transfer or Cheque as detailed on your invoice. SOUTH AUSTRALIAN COUNCIL OF SOCIAL SERVICE — VALUES STATEMENT Vision Justice, opportunity and shared wealth for all South Australians. Developing a Fair and Just Community for South Australians Cultivating a Thriving Community Sector Assisting People to Address Poverty and **Purpose** Disadvantage To advocate, collaborate, lead and mobilise to eliminate poverty, inequality and injustice in South Australia. SACOSS is a Healthy, Resilient and Sustainable Organisation equipped to support the community services and health sectors to achieve our vision Commitment: On behalf of my organisation, as a member of SACOSS I agree to abide by its Vision, Purpose and Goals: Name Signature: Date

Feedback, Engagement and Confidentialit

SACOSS welcomes member feedback and active engagement in the work of SACOSS. SACOSS is committed to maintaining the privacy of information about its members.

Please return this form to:

SACOSS 47 King William Road, UNLEY SA 5061 or via email to sacoss@sacoss.org.au







