Change of Membership Details Form

I wish to advise Western Emergency Relief Network (WERN) of the following changes to our organisation’s details (leave unaffected sections blank):

Organisation:……..…………………………………………………………… …………………

(Name of Member Organisation)

Address: .…………………………………………………………………………………………..

 postcode………………. phone……………………..email ……………………………………….

Website: ……………………………………………………………………………………………

**Organisation’s Details**

1. Registration Number for Incorporated Association or Registered Organization under Australian Securities and Investment Commission (ASIC) : ………………………………
2. What is the main service provided by the organization: .………………………………………
3. What area/s does the organisation service: ………………….…………………………………
4. Who receives support from the organisation: ……………….....………………………………

………………………………………………………………………………………………...…….

 (signature of authorised applicant) (position held)

**2019-2020 Network Membership Fees**

**Membership Categories from 1st July 2018**

**Platinum - $500.00\* (from $5.00 per visit) Gold - $300.00\* (from $6.00 per visit)**

51 to 100 visits per annum allowance 21 to 50 visits per annum allowance

**Silver - $150.00\* (from $7.50 per visit) Bronze - $100.00\* (from $10.00 per visit)**

11 to 20 visits per annum allowance 1 to 10 visits per annum allowance

Name of Authorised Applicant:

Signature:

Position:

Phone:

Email:

**Additional branches to register:**

Additional programs of the same Agency may be added to the Agency Membership if desired. Written requests only can be submitted at time of application or using this form and completing all details requested. WERN is unable to provide individual usage reports or separate invoicing for combined memberships or additional usage for combined memberships.

 **2nd Location 3rd Location**

|  |  |  |
| --- | --- | --- |
| Name of Branch: |  |  |
| Address: |  |  |
| Contact Name: |  |  |
| Email: |  |  |
| Phone: |  |  |

**\*For additional branches please use additional pages. Additional Fees may apply.**

**Additional Agency Representatives:**

|  |  |  |
| --- | --- | --- |
| Contact Name: |  |  |
| Position: |  |  |
| Email: |  |  |
| Phone: |  |  |

Please complete the above changes to details (leave unaffected sections blank) and return to Western Emergency Relief Network to administration@wern.org.