**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):

**Section 1 - Organisation’s Details** (Please complete all questions)

**Section 2 – Organisation’s Details**

|  |  |
| --- | --- |
| **Name of Organisation:** |  |
| **Name of Program:** |  |
| **Program Representative:** |  |
| **Address**: |  |
| **Postcode:** | **Phone:** | **Email:** |
| **Program Website:**  |  |

|  |
| --- |
| 1. Is the Organisation a Registered Incorporated Association or Registered Organization under Australian Securities and Investment Commission (ASIC) : Yes / No
 |
| If Yes, what is the Registration Number: |
| 1. Is the Organisation now a Registered Charity with the Australian Charities and Not-for-Profits Commission: Yes / No
 |
| 1. Is the Organisation now registered with the Australian Tax Office for DGR Status: Yes / No
 |
| 1. What Municipal area/s does the organisation service:
 |
| 1. What is the main service provided by the organization:
 |
| 1. Who receives support from the organisation:
 |

**Agreement:**

I confirm I am an authorized representative of the above organization and can confirm the organization agrees to continue to support the purposes of the Association, to be bound by the Rules of the Association and to operate within the Guidelines of WERN Inc. for the time being in force.

|  |
| --- |
|  |

 (signature of authorised applicant) (position held)



**2020-2021Network Membership Fees**

**Membership Categories and Fees 1st July 2020** (exc. GST)

**Platinum - $550.00 (from $5.50 per visit) Gold - $350.00 (from $7.00 per visit)**

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

**Silver - $195.00 (from $9.75 per visit) Bronze - $125.00 (from $12.50 per visit)**

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

**\*\* Additional visits beyond allowance for Platinum Category will be charged at $10.00 visit rate, all other selected categories will be charged at $15.00 visit rate.**

|  |
| --- |
| Name of Organization: |
| Address: |
| Name of Applicant: |
| Phone: | Email: |
| Position: | Signature: |

**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: |  |  |

* **Please complete the above details and return to Western Emergency Relief Network to** **administration@wern.org** **or PO Box 144, Deer Park 3023.**
* **Invoices and Banking Details will be sent once renewal is received and approved by the WERN Board.**

**Changes to Agency Representatives:**

|  |  |  |
| --- | --- | --- |
|  | **Remove the below Representative:** | **Add the below Representative:** |
| Contact Name: |  |  |
| Position: |  |  |
| Email: |  |  |
| Phone: |  |  |

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