

# Western Emergency Relief Network (WERN)

## 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's Details** (Please complete all questions)

<b>Name of Organisation:</b>		
<b>Name of Program:</b>		
<b>Program Representative:</b>		
<b>Address:</b>		
<b>Postcode:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Program Website:</b>		

**Please submit any changes required:**

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:	
2. Is the Organisation now a Registered Charity with the Australian Charities and Not-for-Profits Commission:	Yes / No
3. Is the Organisation now registered with the Australian Tax Office for DGR Status:	Yes / No
4. What Municipal area/s does the organisation service:	
5. What is the main service provided by the organization:	
6. 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)

**Administration Manager: Ross Butterworth**  
23 Westwood Dve. Ravenhall 3023

**Mob: 0491 149 740**  
**ABN: 14996811021**

**Email: [administration@wern.org](mailto:administration@wern.org)**  
**Registration No.: A0062464M**

**Changes to Agency Representatives:**

**Remove the below Program Representative:**

**Add the below Program Representative:**

Contact Name:		
Position:		
Email:		
Phone:		

**Additional branches to register:**

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

**2<sup>nd</sup> Location**

**3<sup>rd</sup> Location**

Name of Branch/Program:		
Address:		
Contact/Program Representative's Name:		
Email:		
Phone:		

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