# 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		

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#### **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 \$120 \$1350 Less than \$100k \$2.5m to under \$5m \$100k to under \$500k \$360 \$5m to under \$20m \$1820 | | \$20m to under \$50m \$600 \$3390 \$500k to under \$1m \$980 \$6160 \$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







