



Associate Member Application

Applicant details:

| | |
|--|--|
| Name (Individual or Organisation) | |
| ABN/ACN (organisations only) | |
| Street Address | |
| Postal Address | |
| Phone number: | |
| Mobile number: | |
| Email address: | |
| Website (organisations only) | |

Associate Membership is available to individuals aged 18 years or over or organisations (which do not otherwise meet the requirements for Full Membership) who wish to support PeakCare and supports the stated objectives as described in [PeakCare's Constitution](#).

If you are an organisation or individual employed or associated in another way with an organisation involved in delivering services that relate to the safety and wellbeing of children and young people and/or the support of their families, please enter a succinct description of the organisation, the services it provides, and the nature of your role.

Description of applicant

- Organisations – please describe the purpose of your organisation and how it relates to supporting the safety and wellbeing of children and young people.
- Individuals – please describe your role and how it relates to supporting the safety and wellbeing of children and young people.

Insert response here

Please describe your reasons for seeking to become an Associate Member of PeakCare.

Insert response here

Annual Associate Member Fee

The annual Associate Member fee is \$100.00 (Inc. GST).

Following consideration of your application by PeakCare’s Board, advice about the outcome will be promptly emailed to you.

If your application is successful, this advice will include instructions about payment of the fee.

To be signed by applicant

I confirm that all information contained within this application is true and accurate.

If my application is approved, I agree to support the aims and objectives of PeakCare and to abide by the rules outlined in PeakCare’s Constitution.

Signature: _____

Date: _____

Name (please print): _____

For more information on membership, please refer to the PeakCare [website](#).



How to submit your application

Thank you for completing your application to become a PeakCare Associate Member.

Please submit the completed application and any documentation you may elect to attach in support of your applications via email to office@peakcare.org.au.

Applications may also be sent via mail to GPO Box 1719, Brisbane QLD 4001

Private Notice

Ensuring the privacy of individuals who submit applications and the confidentiality of the information they provide in support of their application is important to PeakCare. The management of personal information is undertaken by PeakCare in accordance with the Information Privacy Act 2009 and relevant confidentiality provisions in the Child Protection Act 1999 and related policies of the Department of Child Safety, Seniors and Disability Services.

Information collected within this form and all documents submitted in support of your application will be used for the purpose of informing the consideration given to your application by members of PeakCare's Board of Governance and for no other purpose without first obtaining your express approval. The application form and supporting documentation will be securely stored and only members of PeakCare's Board and PeakCare staff with responsibilities for the secure storage and maintenance of records relating to the activities and decision-making of the Board will have access to the submitted application form and supporting documentation.

