Ethnic Communities Council of Western Australia (Inc.)

20 View Street, North Perth. WA 6006 Telephone (08) 92275322 Facsimile (08) 92275460

E-mail admin@eccwa.org.au Website www.eccwa.org.au ABN 91 163 351 869

 MEMBERSHIP APPLICATION/ *RENEWAL FOR 2023-2024*

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| NAME OF THE ASSOCIATION |
| Postal Address |
| Contact No. Phone EmailFacsimile No. Website |
| Approximate number of Members your Association has |

**OFFICE BEARERS OF THE ASSOCIATION**

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| President Contact No.Email Facsimile |
| Secretary Contact No.Email Facsimile |
| Treasurer Contact No.Email Facsimile |

**NOMINATION OF DELEGATES TO THE ETHNIC COMMUNITIES COUNCIL OF WA (INC**.)

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| Delegate No 1 Contact No. email |
| Delegate No.2 Contact No. email |

***ENDORSEMENT OF DELEGATES BY PRESIDENT (OR Chair)***

I hereby declare that the delegates nominated above have been duly authorised to act and vote on behalf of the Association named and will actively participate in the activities of the Ethnic Communities Council of WA (Inc.) when called upon.

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| Date Signature |

Note A change of nominated delegate may be made at any time under Section 4 of the ECCWA Constitution and the President of the Association can do this notifying ECCWA via email/text or mail.

**PAYMENT of ANNUAL MEMBERSHIP SUBSCRIPTION**

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| **YOUR CHOICE OF PAYMENT METHOD** CASH, CHEQUE OR ELECTRONIC TRANSFERPayable to the ***Ethnic Communities Council of WA Inc.*** Post or present it to 20 View St. North Perth WA 6000. **Please do not send Cash through the postal system**.**Bendigo Bank, 31 Fitzgerald St. N. Perth****BSB 633-000 Acc. No. 156354797** | **YOUR TAX INVOICE ABN 91 163 351 869**Invoice Date (Date of Application)Invoice No. DESCRIPTION Annual Subscription of Membership to the Ethnic  Communities Council of WA ( Inc.) for the  Financial year…………………………and……………………. Subscription FEE $ 30.00 GST $ 3.00. Total $ 33..00 |

 **PAYMENT AUTHORITY MUST BE SIGNED BY A DULY AUTHORISED OFFICER OF THE ASSOCIATION**

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|  **Cash Cheque Electronic Transfer**  |
|  |

OFFICE USE ONLY

Payment Method ------------------------------------------ Funds received & reconciled (Yes/ No) -------------

Receipt No. --------------------------------------------------- Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date sent before the Management Committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_