

RAATSICC

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MEMBERSHIP

Cape York/Gulf Remote Area Aboriginal Torres Strait Islander Child Care (RAATSICC) Association Inc is the peak advisory body on children and family matters for Far North Queensland's remote communities.

Working collaboratively with its members and partners, RAATSICC's mission is to find ways to

- Strengthen our families
- Nurture our children
- Develop our youths

As a member of RAATSICC you will:

- Have an opportunity to speak about issues relating to children, young people and families of your communities;
- Invited to participate in various workshops, training and professional development for the community services sector;
- Be kept up to date (locally, regionally and nationally) via RAATSICC newsletters, emails and meetings of the good work RAATSICC and other agencies are doing in Far North Queensland;
- Enhance your long term learning's in community services, governance and management

JOIN TODAY!!

*"Our Children, Our Youth,
Our Families and Our
Communities are safe,
resilient and empowered"*



Membership Process:

- 1) Submit membership application to RAATSICC office
- 2) Membership application to be endorsed by the RAATSICC Management Committee
- 3) Confirmation of membership received by RAATSICC member organisation with a Certificate of Membership



BECOME A VALUED MEMBER AND ASSIST THE ASSOCIATION ACHIEVE THEIR VISION



MEMBERSHIP APPLICATION

Please note the following:

- All details on this form must be completed and signed by all parties.
- Membership fee is **FREE**

Please tick length of membership - **FREE**

Please tick type of membership **ORDINARY (complete Section 1)** **GENERAL (complete Section 2 and 3)**

Ordinary (is an Individual)

Section 1 - PROPOSED MEMBER

Name

Residential Address:

Town:

State:

Post code:

Email Address:

Phone Number:

Fax Number:

General Member (Representative of an Organisation)

Section 2 – PROPOSED REPRESENTATIVES' DETAILS

REPRESENTATIVE A (MEMBER ELECT)

Name of Representative

Organisation

Position title:

Residential Address:

Town:

State:

Post code:

Email Address:

Phone Number:

Fax Number:

I am / am not available for any RAATSICC Management Committee positions that may Become vacant.

Elected Management Committee Members are required to attend face-to-face meetings (generally twice per year) as well as participating in monthly telelink meetings.

All Management committee positions are on a voluntary basis.

Signature: _____ Date: ____ / ____ / ____

ALTERNATIVE

REPRESENTATIVE B

Name of Representative _____

Organisation _____

Position title: _____

Residential Address: _____

Town: _____ State: _____ Post code: _____

Email Address: _____

Phone Number: _____ Phone Number: _____

Section 3 – AUTHORISATION TO SUBMIT MEMBERSHIP APPLICATION

Section 3 – AUTHORISATION TO SUBMIT MEMBERSHIP APPLICATION PROPOSED

The endorsement of this application requires approval from an authorised person from your organisation _____

I currently hold the position of _____

and hereby authorise this application for **RAATSICC General Membership**.

Signature: _____ Date: _____ / _____ / _____

THIS SECTION FOR MANAGEMENT COMMITTEE USE ONLY

Membership application accepted at management committee meeting on: _____ / _____ / _____

Resolution No: _____

Moved by: _____ Seconded by: _____

All in favour: Yes No

Abstained: _____

Chairperson/Executive Signature: _____

Name (please print): _____

THIS SECTION FOR OFFICE USE ONLY – FINANCE OFFICER TO COMPLETE

Receipt No: _____ Membership No: _____

Name (please print): _____ Signature: _____

All details to be entered into the Membership Register