



Philanthropy Australia Inc

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ABN 79 578 875 531

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PHILANTHROPY
Australia

Membership Application

Application for Membership by a Body or Individual

Philanthropy Australia Incorporated ('Philanthropy Australia'), ABN 79 578 875 531

Please fill out all sections of this application form and return to Philanthropy Australia with payment.

The Value of Membership

As a Member of Philanthropy Australia you belong to a movement of people and organisations who believe not only in the importance of giving, but the importance of giving effectively, and strive to help Australia become a giving nation.

In support of our mission to grow philanthropy and foster the joy of giving for the public benefit, Philanthropy Australia enables Members to be more informed, engaged and effective in their grantmaking and community investment activities.

As the peak body for philanthropic giving in Australia, Philanthropy Australia's role is to facilitate, advocate, educate, communicate and promote giving.

Section 1: Applicant (Body or Individual)

| | | | |
|--------------------------------|---|---------|--------|
| Organisation / Individual: | | | |
| Type of legal entity: | (E.g. Will Trust, Private Ancillary Fund, etc.) | | |
| Tax status: | <input type="checkbox"/> DGR 1 / 2 / 4 <input type="checkbox"/> TCC <input type="checkbox"/> Other: | | |
| Postal Address: | | | |
| Suburb: | State: | | |
| Postcode: | Country: | | |
| Street Address (if different): | | | |
| Suburb: | State: | | |
| Postcode: | Country: | | |
| Phone: | () | Fax: | () |
| Alternative Phone: | () | Mobile: | () |
| Email: | | | |
| Website: | | | |



Section 2: Philanthropic Interests & Activities

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|----|
| 1. |
| 2. |
| 3. |
| 4. |

E.g. education, arts, indigenous, medical research, international aid, etc.

Section 3: Registered Representatives

Representative 1 (Philanthropy Australia's Primary Contact)

| | | | | | |
|------------|--------------------------|-------------|----------------------|----------------------|----------------------|
| Title: | <input type="text"/> | First Name: | <input type="text"/> | Last Name: | <input type="text"/> |
| Position: | <input type="text"/> | | | | |
| Phone: | (<input type="text"/>) | | Mobile: | <input type="text"/> | |
| Email: | <input type="text"/> | | | | |
| Signature: | <input type="text"/> | | | | |

Representative 2

| | | | | | |
|------------|--------------------------|-------------|----------------------|----------------------|----------------------|
| Title: | <input type="text"/> | First Name: | <input type="text"/> | Last Name: | <input type="text"/> |
| Position: | <input type="text"/> | | | | |
| Phone: | (<input type="text"/>) | | Mobile: | <input type="text"/> | |
| Email: | <input type="text"/> | | | | |
| Signature: | <input type="text"/> | | | | |

Representative 3

| | | | | | |
|------------|--------------------------|-------------|----------------------|----------------------|----------------------|
| Title: | <input type="text"/> | First Name: | <input type="text"/> | Last Name: | <input type="text"/> |
| Position: | <input type="text"/> | | | | |
| Phone: | (<input type="text"/>) | | Mobile: | <input type="text"/> | |
| Email: | <input type="text"/> | | | | |
| Signature: | <input type="text"/> | | | | |

NOTE: By signing the above, the Registered Representatives agree to be bound by the Statement of Purposes and Rules of Philanthropy Australia, available on our website at www.philanthropy.org.au/membership, or upon request.



Section 4: Membership Category & Fees

| | |
|--|--|
| Full Membership | |
| <ul style="list-style-type: none">Bodies distributing \$500,000 or less per annumBodies distributing between \$500,000 and \$1 Million per annumBodies distributing \$1 Million and over per annum | <p>\$1,270.50 <input type="checkbox"/></p> <p>\$2,310.00 <input type="checkbox"/></p> <p>\$6,050.00 <input type="checkbox"/></p> |
| Individual (Full) Membership | \$1,270.50 <input type="checkbox"/> |
| Associate Membership | \$1,650.00 <input type="checkbox"/> |

Not sure which Membership type to choose? Take a look at our eligibility guide at www.philanthropy.org.au/membership/application.html#eligible

* Fees include GST

Section 5: Agreement

The Applicant desires to become a member of Philanthropy Australia, and in the event of admission as a Member, agrees to be bound by:

- the classification of Membership determined by the Council of Philanthropy Australia; and
- the Statement of Purposes and Rules of Philanthropy Australia for the time being in force.

The Statement of Purposes and Rules of Philanthropy Australia are available on our website at www.philanthropy.org.au/membership, or upon request.

Signed by or for and on behalf of (the Applicant):

Name of signatory (please print):

Position / title of the signatory:

Date:

| |
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Section 6: Payment

Annual Membership fee: \$

Cheque / money order attached made out to Philanthropy Australia

Charge my credit card: VISA MasterCard American Express

Name on Card:

Card Number:

Expiry Date:

Signature of Cardholder:

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Directory Inclusion

New **Full Members** will not automatically be included in *The Australian Directory of Philanthropy*.

Please tick here if you have applied as a Full Member and wish to discuss listing your organisation.

Further information on the Directory is available at www.philanthropy.org.au/publications/directory.html

Notes / Comments

Send

Email: all pages of this application form to info@philanthropy.org.au

Fax: all pages of this application form to (03) 9662 2655

Post: all pages of this application form to
Philanthropy Australia, Level 2, 55 Collins Street, Melbourne VIC 3000, Australia

Reminder: Please ensure your credit card details or your cheque/money order is included with this form.