

PICSA MEMBERSHIP APPLICATION FORM (ORGANISATION)

1 July 2020 – 30 June 2021

Email: info@mypicsa.org



ABN: 42 045 447 353

Vision

A thriving, vibrant and harmonious Pacific Islands community of South Australia

Mission

As the peak body of the Pacific Islands communities of South Australia, the Pacific Islands Council of South Australia Inc. aims to unite, equip and empower its members to grow and develop, and to become prosperous and successful communities that fully participate as Australians.

Benefits of becoming a member with PICSA

Governance support Mentoring from PICSA office bearers Grant writing assistance Access to training opportunities at a reduced cost	Access to hiring of equipment at a reduced cost Communication links between Government bodies Opportunity for networking with community leaders Support to your organisation at events, meetings
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ORGANISATION DETAILS

Organisation Name:

Postal Address:

Email

This primary email address will be used for all correspondence and will be added to the PICSA membership mailing list.

Name of Chairperson/President:

Name of Secretary/Public Officer:

Number of community members:

Please tick the relevant box (or boxes) to indicate the core activities of your organisation.

- Language/Culture Youth Welfare Community Women's
 Religious Sports Media / Arts Senior citizens Men's
 Other, please specify: _____

Please provide a brief statement in support of your membership application.

We have chosen to become/continue as a member of PICSA because

If space is insufficient in this section, please attach an annexure.

DELEGATE 1
NAME:
POSITION: <i>Example: chairperson/president/vice-president/treasurer/secretary/CEO</i>
EMAIL:
MOBILE:
DELEGATE 2
NAME:
POSITION: <i>Example: chairperson/president/vice-president/treasurer/secretary/CEO</i>
EMAIL:
MOBILE:

Please nominate the two (2) delegates that will represent your community to the PICSA board meeting and to vote at the PICSA board elections and AGM. A proxy may attend on behalf of a delegate with written consent prior to the AGM, however proxy consent is not required at the PICSA board meeting.

ACKNOWLEDGEMENT
<p>I acknowledge that prior to signing this application I have read and agreed with the constitution and rules of PICSA. (located at www.mypicsa.org)</p> <p>I acknowledge that I am in agreement with the statement of purpose within the PICSA constitution.</p> <p>In the event of admission to the Association as member I agree to be bound by the Constitution and Rules of PICSA.</p>
<p>Signed: <i>Signature of Chairperson/President</i></p>
<p>Date:</p>

Payment Details

Notification of payment options will be issued to approved applicants once their membership has been formally ratified by the PICSA Executive team.

The Annual Membership Fee for 'Organisation Membership' is **\$100**.

****** PLEASE DO NOT PROVIDE PAYMENT AT THIS TIME******