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## NEW MEMBERSHIP APPLICATION FORM

Please attach copy CERTIFICATE OF CURRENCY (or Insurance Co letter) This information is a legal requirement without which your application for membership and subsequent referral of volunteers cannot proceed

Name of Organisation

ABN

Address

Postal Address

Phone

Email

Website

Program Name

Volunteer Program Coordinator

Program Contact - if different from Coordinator

Head of Organisation

Contact Person re : Accounts

Email / Address to send Accounts

### Please tick one of the following that describes your organisation

- Government department or service       Local       State       Commonwealth  
or       Not for profit organisation       Incorporated

### Which best describes the service delivery category of your organisation.

Please tick one only

- Arts       Health       Children and Youth       Human Rights/International  
 Disability       Recreation       Education       Seniors  
 Service Club       CALD       Sport       Environment/Conservation  
 First Nations

### Services Provided

please provide a short profile of your organisation

Attach separate sheet if necessary

I give permission for NVSA to use my image on their social media sites  
for the purposes of marketing and promotion       Yes       No