

APPLICATION FOR MEMBERSHIP ORGANISATIONS

Corporations (Aboriginal and Torres Strait Islander) Act 2006



Application of

Legal entity name of organisation applying for membership

ACMA Licensee name if different to legal entity name (if relevant)

I,

Title _____ First Name _____ Last name _____

(Primary contact for applicant organisation)

Organisational position _____

hereby apply for membership of the Indigenous Remote Communications Association.

Tick the category of membership applied for. Visit irca.net.au/membership for information on membership categories and eligibility criteria.

Ordinary:

A Remote Indigenous Media Organisation (RIMO)

An Aboriginal and Torres Strait Islander not-for-profit community organisation that holds a current ACMA radio or TV licence with an Aboriginal and Torres Strait Islander interest, including Remote Indigenous Broadcasting Services (RIBS)

An Aboriginal and Torres Strait Islander not-for-profit community organisation with media production as a core Constitutional objective

Associate: An Aboriginal and Torres Strait Islander not-for-profit organisation creating media but without media production as a core Constitutional objective.

Affiliate: A non-Indigenous not-for-profit organisation engaged directly with Aboriginal and Torres Strait Islander broadcasting and media.

Friend:

An organisation with a commitment to Aboriginal and Torres Strait Islander media, but without direct involvement in the sector

An Aboriginal and Torres Strait Islander media for-profit/non-community based business.

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Applicant Background

Legal status of organisation	Please tick one of the following: <ul style="list-style-type: none"><input type="checkbox"/> ORIC registered<input type="checkbox"/> Company limited by guarantee (ASIC registered)<input type="checkbox"/> Association or cooperative registered under State or Territory legislation<input type="checkbox"/> Government body<input type="checkbox"/> Public broadcaster<input type="checkbox"/> Other not-for-profit<input type="checkbox"/> Business or other for-profit organisation
Aboriginal and Torres Strait Islander status of organisation	Please tick one of the following: <ul style="list-style-type: none"><input type="checkbox"/> Aboriginal and Torres Strait Islander persons hold the majority Board/Director positions under the organisation's Constitution/Rule Book/Articles<input type="checkbox"/> Other

I certify that the nominated organisation meets the eligibility requirements relevant to the membership category indicated above. I understand that this application is subject to approval by the IRCA Board and that further information may be requested to support this application. The further information may include a Constitution/Rule Book and/or Strategic Plan and/or Annual Report. I understand that the IRCA Board holds the final decision regarding membership approval and eligibility.

In applying for membership of IRCA, I declare that the applicant organisation agrees with the Objects of IRCA and that its representatives will abide by the membership policies set out on the IRCA website at irca.net.au/membership.

Signature _____

Date _____

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Organisational contact details (please complete in full)

Street address _____

Suburb/Town _____

State _____ Postcode _____

Mailing address (if different to address above)

Business hours phone _____ Mobile phone _____

Fax number _____ Web address _____

Email address _____

Annual Fees:

Organisation (Ordinary Member) \$250 pa (waived for 2016/2017)

Organisation (Associate) \$150 pa (waived for 2016/2017)

Organisation (Affiliate or Friend) \$20 pa (waived for 2016/2017)

Upon membership approval an invoice will be generated and sent to you.

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For ORDINARY MEMBERSHIP applications, complete the information requested on page 5 of this Application Form.

For ASSOCIATE, AFFILIATE AND FRIEND MEMBERSHIP applications, complete the information requested on page 6 of this Application Form.

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APPLICANTS FOR ORDINARY MEMBERSHIP TO COMPLETE THE FOLLOWING

We nominate the following **Representative** and certify that the Representative is an Aboriginal and Torres Strait Islander person aged 18 years or over and otherwise meets the eligibility requirements for Representatives as set out in the IRCA Constitution.

Title _____ First Name _____ Last name _____

(Applicant organisation Representative name)

Organisational position or relationship of Representative to applicant organisation

Representative contact details (please complete in full if different to organisational contact details)

Street address _____

Suburb/Town _____

State _____ Postcode _____

Mailing address (if different to address above)

Business hours phone _____ Mobile phone _____

Fax number _____

Email address _____

**Return completed form to:
Membership Officer, IRCA
PO Box 2731 ALICE SPRINGS NT 0871
Fax 08 8992 9669
Email membership@irca.net.au**

