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| **Australian Council for International Development (ACFID)** **Affiliate Membership Application Form** |

Organisations wishing to apply for ACFID Affiliate Membership MUSTread the *ACFID Membership Application Guidelines* and note the principles that inform the application process, eligibility requirements for applicants, code compliance requirements, and the risk assessment process all applicants are subject to.

**Eligibility Requirements**

Affiliate Membership is only open to organisations and institutions that are ineligible for Full Membership. Eligibility under these criteria is at the discretion of the ACFID Executive Committee. For-profit companies are ineligible to apply for either Full Membership or Affiliate Membership.

Affiliate membership is open to Australian organisations/institutions that share the vision of ACFID and wish to work with Australian NGOs through joint advocacy, research, information provision, training, funding, or other services.

Affiliate Members can choose whether or not to become signatories to the ACFID Code of Conduct. Those Affiliates who do choose to become signatories will be expected to prepare additional documents as part of the application process.

For more information on the application process please refer to the*ACFID Membership Application Guidelines* or email membership@acfid.asn.au

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| **PART 1: Organisation Information** |
| **General Contact Information** |
| Legal name of entity that is applying for ACFID membership: |  |
| Trading name/Acronym: |  |
| If your organisation has more than one legal entity, please list here those that are NOT applying for ACFID membership. Otherwise, leave blank. |  |
| ABN, ACN, ARBN: |  |
| Address of registered office: |  |
| Postal address: |  |
| Phone: |  |
| Fax: |  |
| Generic email address: |  |
| Website: |  |
| **Most senior Executive Officer**  |
| Title (e.g. CEO, Executive Director): |  |
| Name: |  |
| Phone: |  |
| Email: |  |
| **Chairperson/President** |
| Name: |  |
| Email: |  |
| **Contact person for application information** |
| Name: |  |
| Job Title: |  |
| Phone: |  |
| Email: |  |
| **Type of Entity (please check one box and add details where required)** |
|  [ ]  Incorporated Association  | State/Territory in which incorporated: |
|  [ ]  Trust  | Name of Trustee: |
|  [ ]  Company Limited by Guarantee |
|  [ ]  An unincorporated body which forms part of an incorporated body (e.g. the international department of a hospital).  | Name of incorporated body of which the applicant organisation forms part: |
|  [ ]  Other type not mentioned (e.g. a body established under an Act of an Australian Parliament, Royal Decree or Letters Patent). | Please describe: |
| **Financial Year End (please check one box)** |
|  [ ]  30 June  [ ]  31 December  [ ]  Other (please specify):  |
| **Where did you hear about ACFID? (please check one box)** |
|  [ ]  A current ACFID member [ ]  DFAT [ ]  Campaign for Australian Aid [ ]  Internet search [ ]  Other (please specify):  |

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| **PART 2: Application Information** |
| 1. **Aim and purpose of entity**
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| 1. **Brief history of entity, including the year in which your entity was established**
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| 1. **Country or regional focus of program activities**
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| 1. **Nature of aid and/or development program activities**
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| 1. **Funding sources – list in order of proportion of funds received**
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| 1. **What does your organisation hope to gain by becoming a member of ACFID?**
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| 1. **What can your organisation offer ACFID?**
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| 1. **Why is your entity not eligible to be a Full Member and is applying for Affiliate Membership?**
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| 1. **Is your organisation also applying for ACFID Code of Conduct signatory status? Please check one box.**
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| [ ]  YES - Please complete Attachment A and submit it with your application[ ]  NO - Please explain below why your organisation does not wish to become a signatory: |

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| **PART 3: Statement of Commitment to ACFID**Before you submit your application to ACFID, you must understand your membership obligations and ensure your organisation is able to fulfill these.Please check each box below to acknowledge that you have read and understood your obligations as a member of ACFID. |
| We at (Name of Organisation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ☐ Have a commitment to helping achieve the objectives and purpose of ACFID☐ Accept the ACFID’s Communities of Practice Operational Guidelines.☐ Will inform ACFID of any risk posed to ACFID members when considering our application by attaching a separate statement.☐ Understand that fees will be at 75% of the base level fee☐ Agree to pay fees as determined by ACFID Council by the appropriate due date. |
| **Board Chairperson or President** |
| Signature: |
| Name:  |
| Date: |
| **Most senior Executive Officer** |
| Signature:  |
| Name: |
| Date: |

**To Submit:** The completed Application Form and all accompanying documents should be scanned and sent to membership@acfid.asn.au. For more information on how to submit your application, please refer to the *ACFID Membership Application Guidelines*.