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

This form must be completed by **University Applicants** applying for **Affiliate Membership** of the Australian Council for International Development (ACFID).

For further information on the application process please visit the Membership section of our website or contact [membership@acfid.asn.au](mailto:membership@acfid.asn.au)

**PART 1: Eligibility**

Please ensure that you have read the ACFID Affiliate Membership Guidelines for Universities carefully before proceeding with your application. To apply for membership:

1. The University must name a School (or department/centre/institute) to be the **Primary Contact** for the Affiliate Membership.
2. The **Primary Contact** will be the delegated authority on behalf of the University membership.
3. A School (or department/centre/institute) of a University can only become an Affiliate Member via the legal entity through which it has been established. The legal entity will be listed as the ACFID member on ACFID publications and, if the Primary Contact is different to the legal entity, it will be listed as well.
4. A specialised centre or institute that is associated with a University, but which exists as a distinct legal entity, can still apply for General ACFID Affiliate Membership.

**Please check each box to acknowledge you understand the essential requirements of ACFID Affiliate membership, and that your University is eligible to apply.**

This legal entity is:

Not be eligible or appropriate to be made a Full Member; but

Can contribute to achieving the objectives and purposes of ACFID.

\* Eligibility under these criteria is at the absolute discretion of the Executive Committee.

**Affiliates can choose whether or not to become signatories to the ACFID Code of Conduct.**

Those who do choose to become signatories should prepare the relevant documents as part of the application process (Attachment A).

**PART 2: Organisation Information**

|  |  |
| --- | --- |
| **General Contact Information** | |
| Legal name of entity: |  |
| Trading name/Acronym: |  |
| ABN, ACN, ARBN (where applicable): |  |
| Address of registered office: |  |
| Postal address: |  |
| Phone: |  |
| Fax: |  |
| Generic email address: |  |
| Website: |  |
| **University applicants must name a School (or centre/department/institute) to be the Primary Contact for the Affiliate Membership. The Primary Contact will be the only part of the university for which Affiliate Membership status, and accompanying benefits, are applicable.** | |
| Primary Contact applying for membership (e.g. name of the School/centre/department/institute) |  |
| If the Primary Contact is the same as the legal entity applying for membership, please note that here. |  |
| **Most senior officer of the Primary Contact** | |
| Title: |  |
| Name: |  |
| Phone: |  |
| Email: |  |

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| **Signatory for legal entity/Vice-Chancellor** | |
| Name: |  |
| **Contact person for application** | |
| Name: |  |
| Job Title: |  |
| Phone: |  |
| Email: |  |
| **Type of Entity (please check one box and add details where required)**  Note: A copy of your governing document should be attached to your application | |
| 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 university, a body established under an Act of an Australian Parliament, Royal Decree or Letters Patent). | Please describe: |
| **Financial Year End (please tick one)** | |
| 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  RDI Network  Other (please specify): | |

**PART 3: Application Information**

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| **1. Aim and purpose of Primary Contact** |
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| **2. Brief history of Primary Contact, including the year in which it was established** |
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| **3. Rationale for selecting the Primary Contact, including any past engagement with ACFID or ACFID member(s), where relevant.** |
|  |
| **4. Nature of aid and/or development program activities, where relevant** |
|  |
| **5. Funding sources for Primary Contact – list in order of proportion of funds received** |
|  |
| **6. What does the university and/or Primary Contact hope to gain by becoming an Affiliate Member of ACFID?** |
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| **7. What can the Primary Contact offer ACFID as an Affiliate Member?** |
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| **8. Is your Primary Contact also applying for ACFID Code of Conduct signatory status? Please check one box.** |
| YES - Please complete Attachment A and submit it with your application  NO - Please explain below why your Primary Contact will not become a signatory: |

**PART 4: 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 statement to acknowledge that you have read and understood your obligations as a member of ACFID.**

We at (Name of Primary Contact) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

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](https://acfid.asn.au/content/membership-fees)

Agree to pay fees as determined by ACFID Council by the appropriate due date.

|  |  |
| --- | --- |
| **Signatory for legal entity/Vice-Chancellor** | |
| Signature: |  |
| Name: |  |
| Date: |  |
| **Most senior officer of the Primary Contact** | |
| Title: |  |
| Signature: |  |
| Name: |  |
| Date: |  |

**PART 5: Attachments**

Once you have filled out your Application Form, new Affiliate Member applicants must submit it to ACFID with the following documents, saved under the given file name:

|  |  |  |
| --- | --- | --- |
| **File Name** | **Details** | **Attached (please check)** |
| Att 1\_Application Form | A completed Affiliate Application Form |  |
| Att 2\_Annual Report | Copy of University’s latest annual report |  |
| Att 3\_Governing Instrument | Copy of University’s Governing Instrument (Constitution, Act of Parliament or Memorandum and Articles of Association) |  |
| Att 4\_ Audited Financial Statements | Copy of the University’s most recent audited financials (if not present in the Annual Report) |  |
| Att 5\_Additional Financial Statements | Additional financial statements (non-audited) that indicate role and impact of Primary Contact in international development e.g. community education, consultancy and research work, grants, training programs in developing countries, technical assistance etc. |  |
| Att 6\_Attachment A (OPTIONAL) | Documents required for organisations applying for Code Signatory Status |  |