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## ETR Annual Membership Application Form

### Community Service Organisation Details

Organisation Name:	
ABN	
Address	
Postal Address	
Main Phone	

### Organisation Contacts

Authorised Delegate	
Phone Number	
Mobile Number	
Email Address	

Nominated Booking Officer	
Phone Number	
Mobile Number	
Email Address	<i>NB: this address will be used for confirmation of bookings</i>
Days available to contact	

Accounts Payable Officer	
Phone Number	
Mobile Number	
Email Address	<i>NB: this address will be used for emailing invoices</i>
Days available to contact	

### Organisation Details

- Does your organisation receive HACC Funding? Yes  No
- Does your organisation receive CHSP Funding? Yes  No
- Does your organisation have public liability insurance of \$10 million or greater? Yes  No   
 Public Liability Insurer: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_
- Which community groups does your organisation service?  
 Aged/Disabled  Acquired Brain Injury – ABI  CALD – Culturally & Linguistically diverse  Carer   
 Frail, Aged including dementia & disability over 65  SRS – Supported Residential Services  Person  
 with disability under 65  Indigenous or Torres Straight Islander  Other .....

### Annual Membership

We agree to pay the Annual Membership Fee as published in the Schedule of Fees and which will be invoiced to our organisation. We acknowledge that we will not be entitled to use ETR services until receipt of the fee by Eastern Volunteers. We also agree that our organisation will abide by any procedures and terms provided to us including any User Agreement or any other documentation, and which may be updated from time to time and which is published on the ETR website. We agree that our organisation will pay any fees invoiced as per the Schedule of Fees within 30 days.

**AUTHORISING OFFICER: NAME:** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

Please Direct Credit via EFT to Bank Account: **CBA BSB 063-167 Act 10108199** and confirm payment by email or post cheque to Eastern Volunteers Head Office.