



## APPLICATION FOR MEMBERSHIP OF SWITCHBOARD (Victoria) Inc

### **Switchboard's purposes include the following:**

*To provide peer-driven support services for lesbian, gay, bisexual, transgender and gender diverse, intersex, queer and asexual (LGBTIQA+) people, their families, allies and communities*

*To provide services to those identified in paragraph 1 without discrimination on the basis of sex, gender, ethnicity, age, ability, religion, health or social status, sexual orientation or political belief*

*To improve the health and welfare of the LGBTIQA+ community/communities through Switchboard services; and*

*To address health and welfare issues for people identified in our communities and those who are outside established LGBTIQA+ communities*

### **There are five categories of membership of Switchboard:**

- 1) *Switchboard volunteer; a person who has been accepted into the organisation as a volunteer, and who is currently actively engaged in service provision, governance, administration or promotion activities;*
- 2) *Life member; a person who is determined by the Board to be a Life member in recognition of their services to Switchboard;*
- 3) *LGBTIQA+ community member; a person who self-identifies as being a member of LGBTIQA+ communities;*
- 4) *Staff member; a person who is currently employed by Switchboard; and*
- 5) *Organisation; an organisation with purposes compatible with those of the Association.*

### **The general rights of members are:**

- 1) *A member of the Association who is entitled to vote has the right—*
  - a) *to receive notice of general meetings and of proposed special resolutions in the manner and time prescribed by these Rules; and*
  - b) *to submit items of business for consideration at a general meeting; and*
  - c) *to attend and be heard at general meetings; and*
  - d) *to vote at a general meeting; and*
  - e) *to have access to the minutes of general meetings and other documents of the Association as provided under rule 75; and*
  - f) *to inspect the register of members.*
- 2) *A member is entitled to vote if—*
  - a) *the member is a member other than an organisational member; and*
  - b) *more than 10 business days have passed since they became a member of the Association; and*
  - c) *the member's membership rights are not suspended for any reason.*
- 3) *An Organisational member has the right—*
  - a) *to receive notice of general meetings and of proposed special resolutions in the manner and time prescribed by these Rules; and*
  - b) *to submit items of business for consideration at a general meeting; and*
  - c) *to attend and be heard at general meetings (but not to vote), and*
  - d) *to have access to the minutes of general meetings and the Register of members.*



**VOLUNTEER, STAFF or LGBTIQA+ COMMUNITY MEMBERSHIP**

**I apply to become a member of Switchboard (Victoria) Inc in the following category:**

- Switchboard volunteer     LGBTIQA+ community member     Staff member

Please give your reason for selecting the category:

---

---

**Volunteer, Staff or LGBTIQA+ community member:**

Name of individual:	
Pronouns:	
Date of birth:	
Postal address:	
Email address:	
Phone number:	

**The current membership fees are:**

- \$0     Volunteers and Staff  
\$15    Unwaged  
\$30    Waged

**I agree to comply with Switchboard (Victoria) Inc Rules of Association and to support the purposes of the Association**

**I have paid the membership fee to Switchboard (Victoria) Inc in the amount of \$ \_\_\_\_\_**

Name: \_\_\_\_\_

Digital signature (may be typed): \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_



## ORGANISATIONAL MEMBERSHIP

I apply to become a member of Switchboard (Victoria) Inc in category

Organisational membership

If you are an **Organisational member**, please complete the below information and also provide a letter of authorisation from your organisation and a copy of your Organisation's Rules or Constitution:

Name of Organisation:	
Address of Organisation:	
Organisation email address:	
Organisational phone number:	

If you are an **Organisational member**, please also nominate at least one and up to three people who will represent the Organisation as members:

Name of first representative:	
Pronouns:	
Date of birth:	
Postal address:	
Email address:	
Phone number:	

Name of second representative:	
Pronouns:	
Date of birth:	
Postal address:	
Email address:	
Phone number:	



Name of third representative:	
Pronouns:	
Date of birth:	
Postal address:	
Email address:	
Phone number:	

**The current membership fees are:**

\$250 Organisations

**I agree to comply with Switchboard (Victoria) Inc Rules of Association and to support the purposes of the Association**

**I have paid the membership fee to Switchboard (Victoria) Inc in the amount of \$ \_\_\_\_\_**

Name: \_\_\_\_\_

Digital signature (may be typed): \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_