

# APPLICATION FOR MEMBERSHIP INDIVIDUALS

*Corporations (Aboriginal and Torres Strait  
Islander) Act 2006*



## Application of

I,

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last name \_\_\_\_\_

(Applicant individual)

hereby apply for membership of the Indigenous Remote Communications Association.

Organisation (optional) \_\_\_\_\_

Role/Position \_\_\_\_\_

**Tick the category of membership applied for.** Visit [irca.net.au/membership](http://irca.net.au/membership) for information on membership categories and eligibility criteria.

- Associate (Aboriginal and Torres Strait Islander broadcasting and media workers/professionals/practitioners)
- Affiliate (Non-Indigenous people involved directly in Aboriginal and Torres Strait Islander broadcasting and media)
- Friend (An individual with a commitment to Aboriginal and Torres Strait Islander media, but without direct involvement in the sector)

## Applicant Background

I identify as

**Please tick one of the following:**

- Aboriginal and/or Torres Strait Islander
- Non-Indigenous

I certify that I meet 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. I understand that the IRCA Board holds the final decision regarding membership approval and eligibility.

In applying for membership of IRCA, I declare that I agree with the Objects of IRCA and that I will abide by the membership policies set out on the IRCA website at [irca.net.au/membership](http://irca.net.au/membership).

Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Individual 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:**

Individual (Associate, Affiliate, Friend) \$22 pa (inc GST)

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

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**APPLICANTS FOR ASSOCIATE, AFFILIATE, FRIEND MEMBERSHIP  
TO COMPLETE THE FOLLOWING**

**Associate Membership applications:**

Please provide a bio outlining your work in the sector (up to 100 words) and a referee.

**Affiliate Membership applications:**

Please provide a brief description of your relationship to the Aboriginal and Torres Strait Islander broadcasting and media sector

**Friend Membership applications:**

Please provide a brief description of your interest in the Aboriginal and Torres Strait Islander broadcasting and media sector

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