



**MEMBER BODY COMPLIANCE FORM**

**Member Body Information**

Member Body Name *				
Postal Address *				
Suburb *		State *		Post Code *

**Member Body Delegate Information**

Nominated Member Body Delegate Name *			
Role at Member Body *			
Phone *		Email Address *	

\* Denotes compulsory fields

I the undersigned as an authorised representative of the Member Body (Member Body) detailed above submit the attached documents and warrant that they are the most recent versions of the required documents.

- |  |                          |
|--|--------------------------|
|  | Attached                 |
| 1. Copy of Certificate of Association of the Member Body                     | <input type="checkbox"/> |
| 2. Copy of current Constitution of the Member Body; and                      | <input type="checkbox"/> |
| 3. Copy of most recent annual accounts and annual report of the Member Body. | <input type="checkbox"/> |

Authorised Representative of a Member Body may be the President, Vice President, Secretary or Treasurer or as otherwise appropriately delegated by the Member Body.

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

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

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

**MEMBER BODY COMPLIANCE FORM  
CLOSE 5.00pm Thursday, 15 April 2021  
Via the email or mail details on the previous page.**