

Board Approved: Y/N

Date: ___/___/___



Membership Form

This form is used by the SIN board to determine your eligibility for membership, then is stored securely. While every effort is made to protect your privacy, the membership records are accessed occasionally for specific purposes as stated in the "What about my privacy?" section of the "SIN Membership Information" sheet. The email or postal address you supply is used to send you important membership information including details of the Annual General Meeting and voting rights. You can also choose to be added to the general mailing list to receive updates, newsletters and invites to SIN events.

Preferred name: _____

Email or postal address: _____

Do you want to be added to the mailing list? Yes No

This section is used to assess your eligibility to be a member. Further detail can be found in the accompanying information.

1. Are you a sex worker? (Either in the past or currently) Yes No

2. Are you currently the owner or manager of a sex industry business? (Are you responsible for the management of, or have a level of control over the work of sex workers other than yourself) Yes No

** If you have answered YES to this question, you may still be eligible for membership, please give further details about your business on the reverse of this form. Attach additional pages if required*

6. By becoming a member of SIN you are supporting our objectives. These can be found in the accompanying information or on our website www.sin.org.au Members also agree to be bound by the rules contained in the constitution which is also available on our website.

In order to process your membership application, the following boxes must be ticked.

I agree to the membership rules in the constitution I have read and agree to the sin objectives

Applicants must be nominated by an existing member. This helps to ensure the legitimacy of our membership and the protection of the organisation. Please contact the SIN office if you need assistance in having your application nominated.

I (existing member's name) _____ Nominate (applicant's name) _____

for SIN membership and believe the information provided in this form is true and correct.

Signed: _____ *Signature of applicant*

Nomination accepted by: _____ *Signature of existing member*

FEE WAIVED

Please return your completed form via email to thesinboard@sin.org.au or to **The Secretary, SIN Board, 220 South Road Mile End, 5031**, or contact the office to have it picked up on **08 8351 7626**

I (existing member's name) _____ Nominate (applicant's name) _____

for SIN membership and believe the information provided in this form is true and correct.

Signed: _____ *Signature of applicant*

Nomination accepted by: _____ *Signature of existing member*

Please keep this for your records. This slip can be used to access member only events in the event that your nomination has not yet been processed.