



This form is used by the SIN board to determine your eligibility for membership, then is stored securely. You can access more information regarding membership storage in the “What about my privacy?” section of the “SIN Membership Information” sheet. The contact details you supply are used to send you important membership information such as details of the Annual General Meeting and voting rights.

Please note that you can use any name you would like in your application for membership.

Preferred Name: _____

Please provide us with **at least one form of contact**. If we do not have a form of contact available, we may not be able to approve your membership.

Please note it is **NOT mandatory to provide all three forms of contact to us**, please feel free to leave blank the contact methods you do not wish to provide.

Email: _____

Phone Number: _____

Postal Address: _____

Please answer all questions in this section with a tick: **Yes** **No**

Are you or have you ever been a sex worker? (Either in the past or currently) <i>SIN identifies and respects that sex work takes on many forms.</i>		
Are you currently the owner or manager of a sex industry business? <i>Are you responsible for the management of, or have a level of control over, the work of sex workers other than yourself?</i>		
Have you read and agree to the SIN objectives? <i>By becoming a member of SIN, you are supporting our objectives. See reverse for them.</i>		
Have you read and agree to the SIN membership rules? <i>SIN has a constitution with the rules laid out on it at our website www.sin.org.au and additionally on request from SIN staff.</i>		

In order to make sure SIN’s membership is made up of sex workers, you will need an existing member to sign off on your application. This protects SIN and its members. If you don’t know an existing member, please contact SIN and we will work with you to get you verified.

Existing Member Name: _____

I agree that the information provided in this form is true and correct.

Existing member agrees that the information provided in this form is true and correct.

Your signature: _____

Existing member signature: _____

Date of application: ____/____/____

Please return your form via email to thesinboard@sin.org.au or post to:
SIN Board, 220 South Road, Mile End, 5031 or call the office on 08 8351 7626.

SIN Objectives

To promote the health, rights and wellbeing of sex workers in South Australia.

To advocate for laws, practices and policies that optimise the health, welfare and safety of sex workers.

To provide education and support services that empower sex workers to live and work with dignity and in safety.

To address the societal stigma and discrimination of sex workers.

To be an effective, representational voice for sex workers in South Australia.

To build strength, capacity and a sense of community among South Australian sex workers

To provide education to the broader community and raise awareness about sex work and issues affecting sex workers.

To work collaboratively and congruently with the global sex worker rights movement.

To be focused on and driven by the needs, aspirations, concerns and issues of the diversity of South Australian sex workers.