INTERFAITH NETWORK CITY OF GRATER DANDENONG

APPLICATION FOR MEMBERSHIP

> The Interfaith Network, City of Greater Dandenong welcomes your application for Membership.
>
> Please review, complete, date and sign your application and email to administration@interfaithnetwork.org.au
>
> For further information about IFN Membership please visit our website and, or contact our Executive Officer, Livia Carusi, via executive@interfaith.org.au

First Name ……………………………………………………………………………..

Surname ……………………………………………………………………………..

Residential Address ……………………………………………………………………………..

Email Address ……………………………………………………………………………..

Telephone Number ……………………………………………………………………………..

Preferred Language Spoken (This information will assist IFN in the production of resources in community languages)

……………………………………………………………………………..

Identified Faith ……………………………………………………………………………..

I, ………………………………………………………………………… (please insert your first and surname name) submit my application for Membership to the Interfaith Network of the City of Greater Dandenong.

In submitting my application for Membership I agree to:

- Support and adhere to the vision and values of the organization,
- Support and adhere to the Interfaith Network Common Statement, as described on the IFN website,
- Support and adhere to Membership policies and procedures as approved, from time to time, by the elected Executive Committee,
- Provide consent for the collection, storage and use of my information for the sole purpose of IFN activities, including receiving event invitations,
- If my circumstances change, including my contact details, that I will contact the IFN within 14 business days and notify of my changes,
- If I volunteer for the IFN that I will provide a current Working with Children Check as part the organization's commitment to a child safe organisation, and
- Promote and support IFN's commitment to a child safe organization, and the promotion and protection of the rights of children and young people within our community.

………………………………………… ……………………………………………

Signature of Applicant   Date

Insert date emailed to the Interfaith Network ……………………………………………………

For the Interfaith Network Executive Committee use
Membership Application Outcome ……………………………………………………………..   (Approved, Declined, Further Information Required)   …………………………………..………   Signature of IFN Executive Committee President, or Notated Representative   …………………………………..………   Date