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| FNAWN FINAL with writing | **First Nations Australia Writers Network Incorporated**  **FNAWN INDIVIDUAL MEMBERSHIP** |

**APPLICATION FOR INDIVIDUAL MEMBERSHIP OF CORPORATION**

I hereby apply to become a member of the above-named incorporated corporation. In the event of my admission as a member, I agree to be bound by the constitution of the corporation.

**NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_

**D.O.B:** **\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**

**Gender:** \_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATE:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POSTCODE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE: (M) \_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**H)** \_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WEBSITE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you identify as a person with a disability or health need? \_\_\_\_\_\_ If so what are you dietary/access requirements?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you identify as being:** Aboriginal \_\_\_\_\_\_\_\_\_\_ Torres Strait Islander **\_\_\_\_\_**\_\_\_\_\_ Both\_\_\_\_\_\_\_­­­­\_\_\_\_\_

**What is your Nation/s?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please note: Please attach proof of Aboriginality or Torres Strait Islander heritage.***

**Are you?** *(Please circle)*

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| --- | --- | --- | --- | --- | --- | --- |
| Poet | Playwright | Fiction | Non-fiction | Performance | Story Teller | Editor |

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you? *(Please circle)*

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| --- | --- | --- | --- | --- |
| Emerging | Established | Published | Self-Published | E - Books |

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you interested in other areas? If yes, what?** e.g. Mentoring, skills development, workshops, sector information i.e. residencies, etc *(Please state):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_**

**Are you willing to be a Mentor? If yes, what?** *(Please state)* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Biography: In 100 words or less please tell us a little bit about yourself:**

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|  |

**In 250 words or less tell us about your writing: Pease note: If you are an emerging writer please submit examples of your writing, up to 3-5 x A4 pages.**

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|  |

**Please attach/include a writing CV and/or Biography.**

***Permission:*** I agree to my information such as biography, email address and mobile phone number and photograph being made available to appropriate bodies such as writer’s festivals, workshops. Yes /No

**Please include/attach a jpeg photograph for FNAWN promotion. (Not compulsory) Thank you.**

## Schedule 1—Application for membership form

**First Nation Australia Writers Network Inc**

**Application for membership**

|  |  |  |
| --- | --- | --- |
| I, |  | (first name of applicant) |
|  |  | (last name of applicant) |
| of |  | (address of applicant) |
|  |  |  |

apply for membership of the corporation.

I declare that I am eligible for membership.

I am: ☐ Aboriginal ☐ Torres Strait Islander ☐ Both

|  |  |
| --- | --- |
| Signature of applicant |  |
| Date |  |

**Corporation use only**

|  |  |
| --- | --- |
| Application received | Date: |
| Application tabled at directors’ meeting | Date: |
| Directors consider applicant is eligible for membership | Yes / No |
| Directors approve the application | Yes / No |
| If approved, new members’ details added to register of members | Date: |
| Applicant notified of directors’ decision | Date: |