**APPLICATION FOR MEMBERSHIP OF THE ASSOCIATION**

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

***Preferred Contact details***

Phone

Email:

Address:

*Work* Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Work* Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I wish to apply for membership of Sussex Street Community Law Service Inc. as listed in the Constitution previously provided.

*Ordinary Membership*

*Associate Membership*

I agree to support the objectives and purposes of Sussex Street Community Law Service Inc as listed in the Constitution previously provided.

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

No personal information is collected *automatically* by SSCLS. This personal information is being requested to ensure valid membership according to SSCLS Constitution and ACNC legislation and regulation. This information will not be shared outside SSCLS unless;-

1. with your consent
2. is required or authorised by law
3. is reasonably necessary for law enforcement in certain situations
4. is required by the ACNC or other regulatory body responsible for compliance with SSCLS legal obligations
5. will prevent or lessen a serious and imminent threat to somebody’s health.

If you believe that your personal information is being used for a purpose other than what was intended when submitted, you may contact us by phoning 6253 9500 or email sscls@sscls.asn.au.