

Thank you for your recent enquiry regarding membership of the Eastern Emergency Relief Network Inc. (EERN). EERN has been delivering services to the community for around 25 years. Being a totally volunteer run organisation, means partnerships with community organisations and the public are vital to keeping EERN sustainable. More information can be found on our website [www.easternemergency.org.au](http://www.easternemergency.org.au).

We currently have a fee structure which is based on historical warehouse access for the previous year. The fees for the 2019/2020 financial year are detailed in the table below. For new members, the amount charged is \$120.00 (or a pro rata amount) as there will be no historical data to draw on.

Individual membership	\$2.00 #	
Corporate membership	\$120.00 #	For members accessing the warehouse less than 25 times in the previous financial year
Corporate membership	\$250.00 #	For members accessing the warehouse more than 25 times in the previous financial year
Replacement Membership card	\$10.00	Will be charged if issued membership cards are lost

*\*\* Please note that the Fee Structure is subject to review each financial year*

*# includes GST*

Please find attached an application form and contact details form for you to complete and return. When you send this back, please provide us with some information about your organisation.

Your application needs to be considered and approved by the EERN Committee of Management. If approved, a confirmation letter and Membership fee invoice will be issued. On receipt of payment, your organisation will be issued a Member Number and Membership ID card. You will also receive a copy of our warehouse guidelines explaining access requirements.

if you should have any further queries please contact the Secretary at [earnsecretary@tpg.com.au](mailto:earnsecretary@tpg.com.au)

Yours sincerely

Gabby Knaepple  
Secretary

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(200502)



**APPLICATION FOR AGENCY /INDIVIDUAL MEMBERSHIP**

I, .....  
(Name)

as a representative of.....  
(Full name of applicant/organization)

Address .....

Postcode ..... Phone ..... Email .....

formally apply to become a member of EASTERN EMERGENCY RELIEF NETWORK INC.

In the event of admission as a member, I/We agree to support the purposes of the Association, and to be bound by the Rules of the Association for the time being in force.

.....  
(Signature of applicant) (Position held)

I, .....  
(Name)

as a Member of Eastern Emergency Relief Network Inc., nominate the applicant for membership of the Association.

..... Date/...../.....  
(Signature of proposer)

I, .....  
(Name)

as a Member of Eastern Emergency Relief Network Inc., second the nomination of the applicant for membership of the Association.

..... Date/...../.....  
(Signature of seconder)

**NEW MEMBER CONTACT INFORMATION FORM**

Agency name

Agency postal address

Agency website address

Agency Primary email

Agency Representative Contact Name

Agency Representative Contact Phone Number

Agency Representative Contact email address

Agency Accounts Payable Contact Name

Agency Accounts Payable Contact Phone Number

Agency Accounts Payable Contact email address

***Please indicate services provided by circling or highlighting the appropriate options below: -***

Housing Support

Domestic Violence Support

Refugee/Migrant Support

Drug & Alcohol Support

Mental Health Support

Emergency Relief

Indigenous

Other