



P.O. BOX 345
BROADWAY 2007

michaelp@communityjusticecoalition.org

MEMBERSHIP APPLICATION FORM

Name _____

Organisation _____

Address _____

Email address for notices _____

Phone _____

I/we agree to be bound by the rules of the association.

I/we will inform the organisations of which I am a member, of the aims and objectives of the Coalition and suggest they consider joining Yes No

I/we am/are prepared to have my/our name used in promoting the organisation's aims and objectives Yes No

I/we would be prepared to assist the organisation in areas in which I have expertise or skill such as in:

- Rehabilitation technique and services
- Knowledge of the custodial justice system in NSW and elsewhere, models of reform, etc.
- Mental health
- Adult education
- Indigenous people, especially young adult males
- Drug rehabilitation
- Media
- I am prepared to offer advice on the preparation of submissions or vet submissions for errors and omissions
- Secretarial services, computers and administration

Signature of applicant _____ Date _____

Proposer's name _____

Proposer's signature _____ Date _____

Fees (Recommended)

Founder Benefactor:	\$100 plus
Professional Organisation:	\$100
Welfare NGO and other community organisations:	\$50
Individual member:	\$30

The committee has a discretion in appropriate cases of financial hardship to waive or reduce fees.

Please return to PO Box 345 Broadway NSW 2007 michaelp@communityjusticecoalition.org