

Membership application

This is an application form to join the Coalition of Aboriginal and Torres Strait Islander Peak Organisations. Applicants are asked to familiarise themselves with the Partnership Agreement on Closing the Gap, and our Terms of Reference.

Peak organisation's name:

| Please provide a brief overviev | <i>i</i> of your organisation, | , including goals / | priorities / | objectives, | scope |
|---------------------------------|--------------------------------|---------------------|--------------|-------------|-------|
| of work, and region covered. | | | | | |

This organisation:

is fully committed to being a contributing member of the Coalition of Peaks to implement fully the National Agreement on Closing the Gap with National Cabinet.

has responsibilities for policies, programs, or services that support Closing the Gap.

The policies, programs, or services include:

This organisation operates as a Peak at a:

National level

Jurisdictional (state / territory) level

Other significant Aboriginal and/or Torres Strait Islander organisation

This organisation:

Enabling legislation

Terms of Reference (if not incorporated)

has members and directors who are all Aboriginal and/or Torres Strait Islander persons or at a minimum a majority of its members are directors are, including the Chairperson.

has a Board that is elected / nominated by Aboriginal or Torres Strait Islander individuals, communities, and/or organisations which are accountable to that membership.

is operational, is solvent, is compliant with all regulating legislation, is not under investigation by a government body, and is otherwise of good reputation.

has reviewed the <u>Coalition of Peaks Terms of Reference</u> for its governance and operations, and is committed to complying with requirements.

| Chairperson's name: |
|--|
| Head office address: |
| Postal address: |
| Email: |
| Telephone number: |
| Website: |
| Executive Officer's name: |
| EO's work phone number: |
| EO's mobile number: |
| Supporting documentation |
| Select which supporting documents you will be attaching to this application: |
| Rule book |
| Constitution |

Declaration

We, the Chairperson and Executive Officer of the Peak Organisation, individually confirm that the information we have provided in this application is true and accurate. We also confirm that our organisation is committed to the Coalition of Peaks' vision of a genuine partnership in developing and implementing the next phase of Closing the Gap.

| Chairperson's name: | |
|--------------------------------|--|
| Chairperson's signature: | |
| Executive Officer's name: | |
| Executive Officer's signature: | |

Approval process

Membership applications are reviewed quarterly by the Membership Assessment Committee, before being endorsed by all Coalition of Peaks Members.

You are encouraged to discuss your application with the Coalition of Peaks Policy and Secretariat Team to ensure all relevant information is included. Contact them via secretariat@coalitionofpeaks.org.au

Submission

Please email completed form to the Policy and Secretariat Team at secretariat@coalitionofpeaks.org.au

