

**MEMBERSHIP RATES and APPLICATION FORM**  
**VCOSS ABN: 23 005 014 988**

## **VCOSS Member Code of Conduct**

Members of VCOSS support the VCOSS vision and mission and abide by the VCOSS code of conduct.

**VCOSS members must always:**

- Act:  
honestly and in good faith  
fairly and reasonably  
in a socially responsible manner
  
- treat others with respect and dignity
- value the diversity of our community
- recognise and avoid conflicts of interest
- comply with the letter and spirit of the law

**VCOSS members must never:**

- take improper advantage of their position
- mislead others
- make improper use of information they have obtained
- disclose confidential information
- otherwise behave in a way that will reflect badly on VCOSS

The VCOSS Member Code of Conduct was adopted in October 1999.

*By signing the attached application form you are agreeing to abide by the terms of the code of conduct. A copy of the VCOSS Constitution is available on request or from the VCOSS website [www.vcoass.org.au](http://www.vcoass.org.au)*

Applications for Affiliation and Membership are subject to the approval of the VCOSS board.

**I am applying for**

- |  |   |
|--|---|
| <input type="checkbox"/> Individual Membership     | <input type="checkbox"/> Individual Affiliation     |
| <input type="checkbox"/> Organisational Membership | <input type="checkbox"/> Organisational Affiliation |

(For organisational membership please remember to include copy of your most recent annual report.)

**Affiliation**

Any individual, organisation or other body that supports the work of VCOSS but does not wish to become a member may apply for Affiliation. Affiliates may attend VCOSS general meetings, but do not hold voting rights.

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Please complete, from the adjoining table, the following

Audited 2008/2009 Income \$ \_\_\_\_\_

Corresponding VCOSS Membership Fee \$ \_\_\_\_\_

Extra Destinations \$ \_\_\_\_\_

CEO / Authorised signature \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

\*Income excludes brokered income such as emergency relief payments or foster parent payments where the organisation is acting as a 'channel' for funds

Audited Income	Total Fee (Inc GST)
Up to	
\$0 - \$50,000	\$74.00
\$50,001 - \$100,000	\$125.00
\$100,001 - \$500,000	\$288.00
\$500,001 - \$1 million	\$711.00
\$1,000,001 - \$2 million	\$971.00
\$2,000,001 - \$5 million	\$1750.00
<b>Over \$5 million –</b>	
0.05% of audited income capped at \$6,000	
Library Subscription	\$167.00
Destinations*	\$50.00

- Add extra destinations if you would like additional copies of our quarterly journal and e-bulletin to extra addresses within your organisation.

The contact details of member organisations should be those of your organisation's nominee, who will hold voting rights on behalf of the company or organisation. For Affiliate's please enter the details of your primary point of contact.

**Contact Details (to be updated annually)**

<b>Organisation/Individual Contact Name:</b>		<b>Position:</b>
<b>Organisation:</b>		
<b>CEO:</b>		
<b>CEO Email:</b>		
<b>President/Board Chair:</b>		
<b>Address:</b>		
<b>City:</b>	<b>Postcode:</b>	
<b>Organisation Email/Individual Email:</b>		
<b>Phone:</b>	<b>Fax:</b>	
<b>Website:</b>		

**I/The above organisation wish/es to apply for membership of VCOSS. I/We support the objectives of VCOSS, agree to comply with the VCOSS code of conduct, and to make a contribution of up to \$20 in the event that VCOSS is wound up. I/We enclose the initial subscription at the appropriate membership rate along with a copy of our most recent annual report.**

Signature -----

Date \_\_\_\_\_

\$ \_\_\_\_\_ **TOTAL PAYMENT ENCLOSED**

**PAID BY**  
**or**

- EFT (BSB: 0 83 34 7 ACC: 515 318 683)  
 MasterCard  Visa  
 Cheque or Postal Order (Payable to Victorian Council of Social Service)

Card Number \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Expiry Date \_\_\_\_/\_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

**This form will constitute a tax invoice once submitted. Please retain a copy of the completed tax invoice for your own records for claiming the appropriate GST input tax credits.**

Please return completed form with payment to:

Victorian Council of Social Service  
Level 8, 128 Exhibition Street  
Melbourne VIC 3000  
Telephone 03 9654 5050  
Freecall: 1800 133 340 (regional Victoria)  
Fax 03 9654 5749  
Email [vcoss@vcoss.org.au](mailto:vcoss@vcoss.org.au)  
Website: [www.vcoss.org.au](http://www.vcoss.org.au)

VCOSS – A Strong Compassionate Voice Working for Social Change