

# APPLICATION FOR MEMBERSHIP OF ASSOCIATION

Doula Network Australia Incorporated (incorporated under the Associations Incorporation Act 2009)

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I,

**Name \***

First Name

Last Name

of

**Address: \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

**Occupation \***

This should be "Doula" or "Student doula".

hereby apply to become a member of the aforementioned incorporated association. In the event of my admission as a member, I agree to be bound by the constitution of the association for the time being in force.

[Click here to download constitution.](#)

**Signature of applicant \***

Please type your name here.

**Date \***

dd/mm/yyyy

If you do not know a current member of the association to nominate you, please select a member from the committee to be your 'proposer': [www.doulanetwork.org/our-committee](http://www.doulanetwork.org/our-committee) (Type their name in the boxes below. The email in this case will be [doulanetwork@gmail.com](mailto:doulanetwork@gmail.com))

I,

**Full name of proposer \***

a member of the association, nominate the applicant for membership of the association.

**Signature of proposer \***

Please type the proposer's name here.

**Date \***

dd/mm/yyyy

**Proposer's email \***

We will email them to verify. :)

If you do not know a current member of the association to second your nomination, please select a member from the committee to be your 'seconder' (must be different from the proposer): [www.doulanetwork.org/our-committee](http://www.doulanetwork.org/our-committee) (Type their name in the boxes below. The email in this case will be [doulanetwork@gmail.com](mailto:doulanetwork@gmail.com))

I,

**Full name \***

a member of the association, second the nomination of the applicant for membership of the association.

**Signature of seconder \***

Please type the seconder's name here.

**Date \***

dd/mm/yyyy

**Seconder's email \***

We will email them to verify. :)

Almost there... :)

Please provide some additional information about yourself. Items marked with an asterisk(\*) are required fields. Other fields are optional. We would love to know your birth date to wish you a happy birthday. You do not need to select a 'year', if you don't want to. ;)

**E-mail \***

**Phone Number:**

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Area Code Phone Number

**Birth Date:**

  

Month

Day

Year

**Trained/training with, year: \***

If you are self-trained please tell us about your background and experience.

**Other qualifications:**

**Website:**

**Where did you hear about us?**

- A Friend or colleauge
- Google
- Facebook
- Blog post
- Other

# Register of members

(Clause 7 of Constitution)

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We are required to keep a 'register of members' which includes:

- the name of the member
- their postal or residential address
- the date the member joined

This record (by law) must be open for inspection, free of charge, by any member of the association. Members cannot use this information for anything other than the purposes stated in the constitution (sending a newsletter, notice of meetings/events or other material relating to the association). You can request that your address and joining date be concealed from the 'open' record (only your name will be shown).

All information collected in this membership form, other than your name, address and the date you joined, will be kept in a separate, sealed record.

## Please select one

\*

- (a) I would like information about me to remain on the 'open' record of the register of members. I understand that other members of the association may have access to the record from time to time.
- (b) I would like all information about me (except my name) concealed from the 'open' record of the register of members.

*Thank you for your application. We will contact you shortly. Membership fees are not payable until your application has been approved.*

*Thank you! :)*

Submit Application