

# APPLICATION FOR MEMBERSHIP OF ASSOCIATION

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

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 any member from the committee to be your 'proposer': [www.doulanetwork.org/our-committee](http://www.doulanetwork.org/our-committee) (Christa Buckland, Ellen Croucher, Jennie Barnard, Danera Wilkinson, Jennifer McCartin, Julia MacLeod, Vicki Hobbs). Type their name in the box below and put [doulanetwork@gmail.com](mailto:doulanetwork@gmail.com) as the email.

I,

## Full name of proposer

\_\_\_\_\_  
You can use any committee member as your proposer if  
you wish.

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 any member from the committee to be your 'seconder' (must be different from the proposer - Christa Buckland, Ellen Croucher, Jennie Barnard, Danera Wilkinson, Jennifer McCartin, Julia MacLeod, Vicki Hobbs). Type their name in the box below and put doulanetwork@gmail.com as the email.

I,

**Full name of seconder**

\_\_\_\_\_  
You can use any committee member as your seconder if you wish.

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

**Secunder'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.

**E-mail**

\_\_\_\_\_

**Phone Number:**

\_\_\_\_\_  
Mobile

**Birth Date:**

Day      Month      Year

**Trained/training with,  
year:**

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Please tell us briefly about your background and experience.

**Other qualifications:**

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**Website:**

**Where did you hear  
about us?**

A Friend or colleague

Google

Facebook

Blog post

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## Register of members

*(Clause 7 of Constitution)*

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.

The annual membership fee is **\$20** and is due upon completion of this form. Please indicate which payment method you will be using. If for any reason your application is not successful, we will refund your payment immediately.

**Payment method:**

Bank transfer - please attend to payment as soon as possible after submitting this form. BSB: 033-174 (Westpac), Account Number: 446783, Account Name: Doula Network Australia Inc.

PayPal: [doulanetwork@gmail.com](mailto:doulanetwork@gmail.com) (or select the payment field below)

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*Thank you for your application! We will send you a welcome email shortly. Please add [doulanetwork@gmail.com](mailto:doulanetwork@gmail.com) to your contact list so that our emails do not go into your junk/spam folder.*

*When you click submit (below), you will be automatically sent a copy for your records. If this does not occur then it means we have not received your application either. Please let us know if you have had difficulty completing this form. :)*