#

# Individual Membership

**Harmony Alliance: Migrant and Refugee Women for Change**

**Application Form**

**Membership Criteria**

Individual members will be expected to:

* Identify as a woman from a migrant or refugee background\*;
* Be 18 years and over;
* Demonstrate that they, in a personal capacity, are making a substantive contribution for the advancement and inclusion of migrant and refugee women in Australia; and
* Not serve as a representative of an Alliance organisational member.

\* Including transwomen and non-binary people.

**Name**

**Postal Address**

**Contact Details**

Phone:

Email:

**Please provide a short statement (500 words) demonstrating how you satisfy the Membership Criteria outlined above.**

I,

 *(First name of Applicant)*  *(Last name of Applicant)*

Hereby apply for membership of the **Harmony Alliance: Migrant and Refugee Women for Change.**

I declare that I am eligible for membership under the **Membership Criteria** and am willing to be bound by the rules of the Alliance.

Signed:                                                                                             Date:

***Please sign and post to:***

*Harmony Alliance Secretariat*

*Po Box 1895*

*Canberra*

*ACT 2601*

***or***

*Scan and email a signed copy to secretariat@harmonyalliance.org.au*

