



INDIVIDUAL MEMBERSHIP

Harmony Alliance: Migrant and Refugee Women for Change Application Form

Membership Criteria

To qualify as an individual member, you must meet the below criteria. Please check the boxes that apply to you:

- Identify as a woman from a migrant or refugee background*;
- Be 18 years and over;
- Confirm that you are committed the advancement and inclusion of migrant and refugee women in Australia;
- Not already serve as a representative of an Alliance organisational member.

* Including transwomen and non-binary people. You may have migrated to Australia, or overseas, or you may feel that the migrant story is part of your experience through connection to a family or community member.

Name

Postal Address

Contact Details

Phone: _____

Email: _____

Please provide a short statement (500 words maximum) 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



HARMONY ALLIANCE
MIGRANT & REFUGEE WOMEN FOR CHANGE