

## APPLICATION FOR DWG MEMBERSHIP

I, \_\_\_\_\_ hereby apply to become a member of the Dieback Working Group Inc. (DWG), subject to approval of this application by the DWG Committee of Management at its next official meeting.

Name of Nominator (must be an existing DWG Member): \_\_\_\_\_

*DWG is an Incorporated Association under Western Australian Law (Associations Incorporation Act, 2015).*

*Incorporated associations are traditionally regarded as community-based organisations, and are largely independent of government intervention. Members have a crucial role in ensuring that the association conducts itself in a way that is in alignment with its core objectives and compliant with its rules of association.*

*DWG relies on our members to provide ongoing feedback and ideas on how we can best protect natural and cultural values from the impacts of Phytophthora. We strive for continuous improvement in our operations and goal to define best-practice for community, government and industry.*

### **DETAILS OF APPLICANT:**

Affiliation/Position Title: .....

Postal Address: .....

Email: .....

Telephone (Business) ..... Mobile: .....

### **In nominating to become a DWG member, I understand that:**

- I am obligated to inform DWG of any changes of contact information in order to maintain my membership.
- My decisions regarding DWG must be guided by its Objects, as defined by the Terms of Association.
- I am able to withdraw my membership at any time by way of written notification.
- I am able to nominate to join the DWG Committee of Management, and/or various DWG Subcommittees.
- I will receive invitations to events, including the DIG Conference and DWG Annual General Meeting (AGM).
- I will have voting rights to elect Committee of Management office bearers/members at DWG's AGM.
- I am subscribing to DWG's mailing list, and will receive updates on DWG projects, programs, and activities.
- I will be alerted of opportunities to volunteer for DWG.
- I understand that the DWG Committee of Management has the right to impose a nominal membership fee at any time. If introduced, failure to pay this fee will result in termination of my membership.

### **AREAS OF INTEREST (please tick one or many):**

- |  |   |
|--|---|
| <input type="checkbox"/> Basic Raw Materials/On-ground Hygiene | <input type="checkbox"/> Policy reform / Advocacy |
| <input type="checkbox"/> Education and Community               | <input type="checkbox"/> Finance and Governance   |
| <input type="checkbox"/> Science and Research                  | <input type="checkbox"/> Other (specify): _____   |

**Date of Application:** ..... **Applicant Signature:** .....