



HOPE Co-Op Ltd  
MEMBERSHIP FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POSTAL ADDRESS (if different from street address):

\_\_\_\_\_  
\_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**HOPE Co-Op's PURPOSE:**

I understand that the Co-Op's purpose is to support socio-economic participation and inclusion of people who have sought asylum in Australia since 2012, for equal and well-supported education, employment opportunities and their associated settlement outcomes.

I am applying for  **FULL** or  **PARTNER** membership (*tick one*)

I am currently  full-time job /  Part-time job /  unwaged (*tick one*)

I am applying for  Fee Sponsorship (fill out Sponsorship Application Form)

----- **OR** -----

I am applying for  **ORGANISATIONAL PARTNER** membership on behalf of:

Name and Address of Organisation:

\_\_\_\_\_  
\_\_\_\_\_

Representative's title/role: \_\_\_\_\_

----- **MUST COMPLETE BELOW** -----

I, \_\_\_\_\_ (name)  
agree to support the HOPE Co-Op's mission.

I understand that my/organization's membership will not come into effect until payment of my/our joining fee and first year of regular subscription fees.

I understand that the fees are: (Joining) \_\_\_\_\_ (Annual): \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_