

# First Nations Australia Writers Network Incorporated

## **FNAWN INDIVIDUAL MEMBERSHIP**

#### APPLICATION FOR INDIVIDUAL MEMBERSHIP OF CORPORATION

I hereby apply to become a member of the above-named incorporated corporation. In the event of my admission as a member, I agree to be bound by the constitution of the corporation.

NAME:		
D.O.B:/		
GENDER: Female/Male/Non-Binary/Prefer	not to say/Intersex/Not listed:	
ADDRESS:		
STATE:		
POSTCODE:		
PHONE: (M)(H)		
EMAIL:		
WEBSITE:		
Do you identify as being: Aboriginal	Torres Strait Islander	Both
Nation/s?		

You must identify your Australian Aboriginal and or Torres Strait Islander Nation(s)

Please note: You may be asked to provide proof of Aboriginality or Torres Strait Islander heritage

#### Please attach your writing CV and a headshot photograph of yourself:

	sion: Do you give resources and m	_	permission	to include	e your photogi	raph d	on FNAWN website, social-
Yes	No						
For the	purpose of trav	el, attend	ing worksh	nops, care	er assistance,	do yo	u identify as someone living
with a	disability?						
Your W	riting? (Please c	circle)					
Poet	Academic	Fiction	Non-fic	tion	Storyteller	Edi	tor
Playwri	ght Science-Fi	ction I	- antasy	History	Queer LGB	TQI	Futurism
Other:							
Are you	ı <b>?</b> (Please circle)						
Emergir	ng Establish	ned	Published		Self-Publis	hed	Audiobook
Other:							

Are you interested in the following areas? If yes, what? Mentoring, skills development, workshop facilitation, sector information, public discourse, public readings, public presentations, representing FNAWN at literary festivals, writers residencies (*Please state*):

Please share with the Board of Directors why you wish to join FNAWN, how being a part of the FNAWN network of writers, poets, storytellers will impact on your own creative writing career? (250 words) maximum
Biography: a brief bio of yourself, please note an application to FNAWN membership will not be accepted without a bio (250 word) maximum
accepted without a bio (250 word) maximum
Before submitting your FNAWN Membership Application:
<ul> <li>Ensure all your personal information is current and up to date</li> <li>Respond to all questions</li> <li>Attach a headshot photograph with your application</li> <li>Please save your application and attachments as one word document in PDF only with your surname – first name and FNAWN membership i.e. Morrison Ralph FNAWN Membership. All FNAWN Membership applications can be either emailed to projects@fnawn.com submitted via submittable on the FNAWN webpage or if you are not able to access internet then please send by postal to: FNAWN PO BOX 4059 Alice Springs, 0871 Northern Territory</li> </ul>
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Membership to FNAWN must be filled out by applicant. FNAWN do not share any personal information to any third-party.

# Schedule 1—Application for membership form

### First Nation Australia Writers Network Corporation

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l,		(first name of applicant)
		(last name of applicant)
of		(address of applicant)
apply for membership of the cor	poration.	
I declare that I am eligible for me	embership.	
I am: ☐ Aboriginal ☐ Torres S	Strait Islander □ neithei	r
Signature of applicant		
Date		

#### **Corporation use only**

Application received	Date:
Application tabled at directors' meeting	Date:
Directors consider applicant is eligible for membership	Yes / No
Directors approve the application	Yes / No
If approved, new members' details added to register of members	Date:
Applicant notified of Directors' decision	Date:
FNAWN's decision is final, and no further discussion will be entered including reasons and explanations of applicant membership denied by the FNAWN National Board of Directors	Date: