

APPENDIX 1: [As per Scarlet Constitution s.7]

Application for Membership of the Scarlet Alliance:  
Secretary, P.O. Box 261, DARLINGHURST NSW 1300

Note that as per the Scarlet Constitution, new members must comply with the aims and objectives of Scarlet (s. 3) and will be subjected to a credentialing process as described in s. 7 of the Scarlet Constitution. Before filling out this form potential members may like to refer to those sections of the Constitution.

The credentialing process includes the following: the applicant must have been in existence for at least twelve (12) months, the applicant must have policies, including publicly expressed views which are not significantly different or contrary to Scarlet, the applicant must not be an organisation which is solely or primarily formed to represent the rights of management (that is owners, operators, etc) and the applicant must disclose any conflict of interest. If the applicant does not comply with all of these requirements, they may be deemed an associate member.

Application for Membership/Associate Membership of the Scarlet Alliance:

G.P.O. Box 2072, CANBERRA ACT 2601.  
SCARLET ALLIANCE-Australian Sex Workers Association Inc [Incorporated under the Associations Incorporations Act 1991 (ACT)]

I.....  
of (organisation/project/network/group).....  
Address.....  
City:.....Postcode:.....  
Telephone:.....Fax:.....  
Email:.....  
Date Organisation/project/network/group formed.....

hereby apply to become a member of Scarlet Alliance- Australian Sex Workers Association Inc (“Scarlet”). In the event of our being admitted as a member/associate member we agree by the Rules of Scarlet for the time our membership is in force.

A copy of our aims and objectives/goals or constitution is enclosed. We agree to participate in a credentialing process which may require face to face and/or teleconference meetings.

Admission Fee: \$100.00

Annual Membership Fee: .5% of funding, minimum fee for unfunded groups \$100.00

Print Name .....

Signature

.....Date.....

Application must be nominated by two Scarlet Alliance members:

Print Name

.....

and Name of Organisation/Project/Network/Group.....

Signature of 1st Nominator .....Date .....

Print Name

.....

and Name of

Organisation/Project/Network/Group.....

Signature of 2nd Nominator .....Date.....

Facsimile copies will NOT be accepted.

Date received by Scarlet / /

Signed by.....Print Name.....

Accepted YES/NO Date / /