

**APPENDIX 1:**

[As per Scarlet Constitution s.7 & 8]

Application for Membership/Associate Membership of the Scarlet Alliance:  
Secretary, PO Box 126, BRADDON, ACT 2612.

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.6 of the Scarlet Constitution. Before filing 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 represent at least 10 people, who are either members or clients of the applicant, 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:  
PO Box 126, BRADDON, ACT 2612.

SCARLET ALLIANCE-National Forum for Sex Worker Organisations [Incorporated under the *Associations Incorporations Act 1991* (ACT)]

I.....  
Public Officer of.....  
Address.....  
City:.....Postcode:.....  
Telephone:.....Fax:.....  
Email:.....

hereby apply to become a member/associate member of the Scarlet Alliance- National Forum for Sex Worker Organisations (“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.

Admission Fee: \$100.00  
Annual Membership Fee: \$100.00

Signature of Public Officer.....  
Print Name.....  
Signature of 1<sup>st</sup> Nominator.....  
Print Name and Organisation Name.....  
Signature of 2<sup>nd</sup> Nominator.....  
Print Name and Organisation Name.....  
Date.....

Facsimile copies will NOT be accepted.

Date received by Scarlet / /20  
Signed by.....Print Name.....  
Accepted YES/NO Date / /2001