|  |  |
| --- | --- |
| *Mailing Address:*  *Street Address:*  *Telephone:*  *Facsimile:*  *Email:*  *Web:*  *Facebook:*  *ABN:* | *PO Box 390, Gayndah Qld 4625*  *34-36 Capper Street, Gayndah Qld 4625*  *1300 696 272 (1300 MY NBRC)*  *(07) 4161 1425*  [*admin@northburnett.qld.gov.au*](mailto:admin@northburnett.qld.gov.au)  [*www.northburnett.qld.gov.au*](http://www.northburnett.qld.gov.au)  [*www.facebook.com/north.burnett.regional.council*](http://www.facebook.com/north.burnett.regional.council)  *23 439 388 197* |



**APPLICATION FOR INCLUSION ON COUNCIL’S**

**NOT-FOR-PROFIT REGISTER**

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club/Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incorporation Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public Liability Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I hereby apply for my organisation to be included in Council’s Not-for-Profit Register in order to be eligible for Council In-kind Support.*

*I confirm that the organisation I apply for is both* ***local to the North Burnett*** *and* ***Not-for-Profit****.*

*I agree to provide Council with current/updated information regarding the organisation in January each year.*

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