



## Membership of the Immunisation Coalition

Membership of the Immunisation Coalition is currently by way of a 5 year fixed term, effective from the date of the Directors' meeting where the membership is approved.

As a member of the Immunisation Coalition you are:

- Afforded the opportunity to attend the meetings of the organisation, which facilitate discussion on influenza and other infectious diseases with a diverse range of stakeholders and interested parties, and provides a forum to formulate the objectives for the year and to foster agreement on messaging and activities;
- Entitled to attend the Immunisation Coalition's Annual General Meeting (which typically occurs in late January, early February of each year), and to vote on any matters relating to the Immunisation Coalition;
- Invited to provide feedback on important awareness activities and projects that are being undertaken each year.

By becoming a member of the Immunisation Coalition, you will be bound by the terms and conditions of the Immunisation Coalition constitution, including liability on winding up of the company according to paragraph 4.5 of the constitution. The constitution provides that such liability **WILL NOT EXCEED \$2**.

Members are not permitted to speak on behalf of the Immunisation Coalition, unless requested to do so.

As a member of the Immunisation Coalition, you will be covered by professional indemnity insurance (coverage of \$2m) for any work undertaken on behalf of and at the request of the organisation.

In the interest of transparency, The Immunisation Coalition lists all members on its website.

**Applications for membership should be accompanied by a current CV, Bio, or a statement about your background and how you can contribute to the Immunisation Coalition.**

Membership to the Immunisation Coalition is subject to approval by the Board of Directors.



## Application for Membership of the Immunisation Coalition

To the Secretary of the Immunisation Coalition  
Suite 1222, 1 Queens Road  
Melbourne Victoria 3004  
Ph: 03 9863 8650 Fax: 03 9863 8652  
Email: kim@immunisationcoalition.org.au

I hereby wish to apply for membership of the Immunisation Coalition.

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

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

\_\_\_\_\_

T/phone: \_\_\_\_\_

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

I agree to all of the terms and conditions set out on the previous page of this application document.

Signed: \_\_\_\_\_ Dated: \_\_\_ / \_\_\_ / \_\_\_

This application is supported by the following 2 current members:

1.  
Name: \_\_\_\_\_

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

2.  
Name: \_\_\_\_\_

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