Multicultural TAURANGA

Organisational Membership

Application / Renewal Form

Membership Year: 2026–2027

Thank you for your interest in becoming a member of the Tauranga Regional Multicultural Council (TRMC). Organisational membership is open to community groups, ethnic associations, charitable organisations, businesses, educational institutions and other organisations that support multiculturalism, inclusion and diversity in the Bay of Plenty.

1. Organisation Details

Organisation Name:	_____
Organisation Type:	☐ Community / Ethnic Association ☐ Charitable / Not-for-Profit Organisation ☐ Business ☐ Educational Institution ☐ Religious / Faith-Based Organisation ☐ Government / Public Organisation ☐ Other: _____
Postal Address:	
Physical Address:	
Website / Social Media:	_____
Phone:	_____ **Email:** _____

2. Main Contact Person

Name:	_____
Position / Role:	_____
Phone:	_____ **Email:** _____

3. Organisation Information

Briefly describe your organisation and its activities:	
Community / communities represented or supported:	
Number of members / people supported (approx.):	_____

4. Membership

Please indicate:	☐ **New Membership** ☐ **Membership Renewal**
Membership Fee:	**$ 50**
Payment Method:	☐ **Bank Transfer** ☐ **Other:** _____

5. Commitment to Multiculturalism

By applying for organisational membership, we support the aims and objectives of TRMC and its commitment to promoting:

- **cultural diversity, inclusion and belonging;**
- **positive relationships between communities;**
- **the participation and wellbeing of migrants and former refugees; and**
- **a welcoming and inclusive Bay of Plenty community.**

6. Declaration

I confirm that the information provided in this application is accurate and that I am

authorised to apply for membership on behalf of the organisation.

Name:	_____
Position:	_____
Signature:	_____ **Date:** _____

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Application received:	_____
Membership approved:	☐ **Yes** ☐ **No**
Membership year:	_____
Fee received:	**$**_____
Receipt / Reference No.:	_____
Entered into Membership Register:	☐ **Yes**
Authorised by:	_____
Date:	_____