

# Application for 2025 sub-branch funding



The current amount is \$4.00 per equivalent full-time member, based on sub-branch, region or cluster membership, at the date the application is received. Any application received after 30 June is subject to a 50% reduction. Applications for funding in a year must be received by 30 November.

No funds shall be forwarded where the accumulated funds held by a sub-branch exceeds \$20 per equivalent full paying member. Where those accumulated funds

are between \$15 and \$20 per equivalent full paying member, only 50% of the full entitlement shall be remitted."

No structural funding applications received after 30 November will be processed.

Note that applications (including supporting documentation) must be completed within the calendar year.

Name of sub-branch: \_\_\_\_\_

Name of contact: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_  
Postcode:

Email: \_\_\_\_\_ Work phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

☐ The contact has changed since previous application.

## Statement of income/expenditure for the period of January – December 2024

☐ Bank statements or supporting account record attached. (required)\*

**\*NOTE: YOUR APPLICATION CAN NOT BE PROCESSED WITHOUT SUPPORTING DOCUMENTATION.**

Income (list all sources)	\$	Expenditure (list all items)	\$
Opening balance at 1/1/2024	_____	_____	_____
2024 Structural funding received	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total income	_____	Total expenditure	_____
		Closing balance at 31/12/2024	_____
		Current Balance at	_____

We certify that the above information is true and correct.

We certify that all expenditure will be approved and minuted in meetings of the sub-branch.

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

Name (print): \_\_\_\_\_ Name (print): \_\_\_\_\_

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

## Payment details

### SUB-BRANCH ACCOUNT DETAILS:

Name of financial institution: \_\_\_\_\_

Account name: \_\_\_\_\_

BSB: \_\_\_\_\_ Account number: \_\_\_\_\_

Signatories to account: \_\_\_\_\_ Email: \_\_\_\_\_ Phone number : \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Office use

Number EFT members:

Funding allocation:

**PLEASE RETURN THIS FORM WITH SUPPORTING DOCUMENTATION BY EMAIL TO: [finance@aeuvic.asn.au](mailto:finance@aeuvic.asn.au)**