



Community Fundraising Application

Please return a signed copy of this application form to NFSA to obtain approval for your fundraising activity.

Fundraiser Contact Details:

Title: ___ Name of Applicant: _____ (First Name) _____ (Surname)

Signature: _____ Date: _____

Name of Organisation (If Applicable): _____ ABN: _____

Relationship to above organisation: _____

Mailing Address: _____

Suburb: _____ State: _____ Postcode: _____

Contact Phone: _____ Mobile: _____ Fax: _____

Email: _____

Name of referee (excluding relative or guardian): _____

Contact Phone: _____ Contact Email: _____

Fundraiser Activity Details:

Proposed title of Activity: _____

Proposed date of Activity: (Start Date): _____ (End Date): _____

Proposed time of Activity: _____ No. of Guests: _____

Proposed Venue: _____ Venue Address: _____

Assistance from NFSA: (Please tick)

Letter of Support: ___ Speaker to Attend: ___ Press Release: ___ Tax-deductible receipt: ___

Insurance and legal matters:

Do you have public liability insurance for this activity? _____ (Yes/No)

Does the activity require permits from council/government bodies? _____ (Yes/No)

Fundraising Budget:

Please provide estimated income: _____ Estimated Expenses: _____

Fundraising Deposit:

Please deposit funds ***within seven days*** with your registration identity number (provided by NFSA upon approval) into:

Bank SA, Nature Foundation SA, BSB: 105900, ACC: 963747240