



Small Australian Mutuals Network

Secretariat
C/- Customer Owned Banking Association
Suite 403, Level 4
151 Clarence Street
Sydney NSW 2000

SMALL AUSTRALIAN MUTUALS (SAM) NETWORK

Commitment Form

_____ (organisation)
wishes to join the Small Australian Mutuals (SAM) Network.

I acknowledge that the contribution required from network members for 2018/19 will be \$1,400.00 + GST.

I note that the SAM Network has been established to meet the following objectives:

- To establish a national framework within which smaller mutuals can share information, improve collaboration and identify shared opportunities;
- To strengthen the capacity of smaller mutuals to advocate for their interests with suppliers such as COBA (as the industry body), Industry Regulators, Cuscal, Indue or ASL (as central commercial suppliers), core system providers and other external parties;
- To provide a forum for exploring group purchasing and buying power opportunities;
- To encourage mentoring, professional development and innovation.

Signature _____

Signatory Name: _____

Date: _____

Primary Contact

Name: _____

Email: _____

Address: _____

Phone: _____

Number: _____

Secondary Contact

Name: _____

Email: _____

Address: _____

Phone: _____

Number: _____

Please provide contact information for email updates. Additional contacts are welcome and can be emailed to sam@coba.asn.au

Payment

Customer Owned Banking Association will issue an invoice on behalf of the SAM Network.