

## APPLICATION FOR RENEWAL OF MEMBERSHIP

### MEMBERSHIP RENEWAL FORM

#### PERSONAL DETAILS

Family Name: ..... Title: Dr  Mr  Mrs  Ms  Miss  Other  .....

First Name: .....

#### CONTACT DETAILS

Address: .....

.....

State: ..... Post Code: .....

Phone: ..... Fax: .....

Email: ..... Mobile: .....

#### APPLICANT'S DECLARATION

In applying for renewal of membership to ICLA, I agree to be bound by the provisions of the Constitution and the rules of ICLA.

Signature of Applicant: .....

Date: .....

#### Privacy

We are committed to protecting your privacy and the confidentiality and security of the information you provide.

The personal information provided by you on the Membership form will be used to:

- Assess your eligibility for membership
- Identify your preferred mailing address

The personal information you provide will NOT be disclosed/released to any third party.



**ANNUAL MEMBERSHIP FEE: \$10.00 (incl. GST)**

**ANNUAL MEMBERSHIP PERIOD**

Your membership will be current for 1 year from the time ICLA processes your application.

A tax invoice / receipt will be issued following the processing of your application.

**METHOD OF PAYMENT**

- Cash (please do not mail cash)       Cheque

Return to:

Operations Manager  
ICLA  
Suite 77, Level 7,  
8-24 Kippax Street  
Surry Hills NSW 2010

<p><b>OFFICE USE ONLY:</b></p> <p><input type="checkbox"/> Payment Received</p> <p><input type="checkbox"/> Application Approved</p> <p>Receipt No: .....</p> <p>Member No: .....</p> <p>Date Receipt Sent: .....</p> <p>Member No: .....</p> <p>Membership Card Sent: .....</p> <p>.....</p> <p>Signature:                      Date:</p>
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