



## MEMBERSHIP 2011-2012

### Become a Member of ICLA

Members are an important and vital part of not for profit community organisations like ICLA that provide much needed residential and support services.

As an ICLA member you will:

- Have a chance to highlight community concerns
- Receive an invitation to our events
- Attend and vote at our Annual General Meeting

### 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.

## APPLICATION FOR NEW MEMBERSHIP

### MEMBERSHIP FORM

#### PERSONAL DETAILS

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

First Name: .....

#### CONTACT DETAILS

Address: .....

.....

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

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

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

#### APPLICANTS'S DECLARATION

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

Signature of Applicant: .....

Date: .....



**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

**PROPOSER**

I ..... being a member of ICLA nominate the applicant for membership of ICLA.

.....

Signature of Proposer

Membership No

Date

**SECONDER**

I ..... being a member of ICLA nominate the applicant for membership of ICLA.

.....

Signature of Proposer

Membership No

Date

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