



MEMBERSHIP

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.

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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

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