



Application for Membership 2017 - 2018

Please complete the following:

Applicant Name Surname _____
(Personal details)

Title _____ First Name _____

Occupation _____

Postal Address _____

_____ Postcode _____

Business Address _____
(if different to above)

_____ Postcode _____

Telephone _____ **Mobile** _____

Email _____

Nominated by Name _____
(Name)

Signature _____ Date _____

(Nominator must be a financial member of the Independent Living Centre NSW)

Declaration I, _____
(please print)

hereby apply for membership of the Independent Living Centre NSW and, if accepted, agree to abide by the constitution of the ILC NSW. I certify that the information is submitted in this application is true and correct and upon acceptance, agree to forward payment for membership to the ILC NSW.

Signature of Applicant _____ **Date** _____