



## Application for Membership 2020 – 2021

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** \_\_\_\_\_