



Independent Living Centre NSW

Application for Membership 2011 - 2012

A.B.N.: 44 103 681 572

Please fill in the following:

Name of Applicant
(Personal details)

Surname _____

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
print)

I, _____ (please

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** _____

Address: No.1 Fennell Street, North Parramatta NSW 2150

Reception: 02 9890 0940 • Fax: 02 9890 0966

Web: www.ilcnsw.asn.au • Email: help@ilcnsw.asn.au