I would like to apply for Ordinary Membership of Independent Advocacy in the Tropics Inc. Ordinary membership shall be open to all interested persons in the community who support the mission and objects of the Association.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | | |
| Address: |  | | | |
| Email: |  | | | |
| Phone: |  | Date of Birth: | |  |
| Do you identify as a person with disability? | | | Yes  No | |
| Signed: |  | Date: | |  |

|  |  |
| --- | --- |
| On completion, please return to the Secretary. | |
| Office 2/179-181 Ross River Road  MUNDINGBURRA QLD 4812  PO Box 3065  HERMIT PARK QLD 4812 | Phone: 1800 887 688  (07) 4725 2505  Fax: (07) 4725 6106  E-mail: [secretary@ianq.org.au](mailto:secretary@ianq.org.au) |

OFFICIAL USE ONLY

Proposed by: Signed:

Seconded by: Signed:

Accepted by Meeting of the Management Committee.

Date of Meeting: