We would like to **apply** for an Organization Membership of Independent Advocacy in the Tropics Inc.

Organization membership is open to organizations who are allies of the Association. Organization Members do not have voting privileges.

|  |  |
| --- | --- |
| **Organization:**  |  |
| **Representative:** |  |
| **Address:** |  |
| **Email:** |  |
| **Office Phone:** |  | **Mobile:** |  |
| **Signed:** |  | **Date:** |  |

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

**OFFICIAL USE ONLY**

Proposed by: Signed:

Seconded by: Signed:

Accepted by Meeting of the Management Committee.

Date of Meeting: