

## ORDINARY MEMBERSHIP APPLICATION

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 who apply for, and accepted for membership of the Association.

|   |  |                              |                             |
|---|--|------------------------------|-----------------------------|
| <b>Name:</b>  |  |                              |                             |
| <b>Address:</b>                                     |  |                              |                             |
| <b>Email:</b>                                       |  |                              |                             |
| <b>Phone:</b>                                       |  | <b>Date of Birth:</b>        |                             |
| <b>Do you identify as a person with disability?</b> |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Signed:</b>                                      |  | <b>Date:</b>                 |                             |

**On completion, please return to the Secretary.**

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HERMIT PARK QLD 4812

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07) 4725 2505  
Fax: 07) 4725 6106  
E-mail: admin@ianq.org.au

### OFFICIAL USE ONLY

Proposed by: ..... Signed: .....

Seconded by: ..... Signed: .....

Accepted by Meeting of the Management Committee.

Date of Meeting: .....