



**General Membership Application Form**

First name:	Surname:
Residential address:	
City:	Postcode:
Postal address: (if different from above)	
City:	Postcode:
Phone: (business)	Phone: (home)
Phone: (mobile)	Fax:
Email: (work)	Email: (home)
Occupation:	Employer's name:

I wish to apply for membership of Illawarra Children's Services Ltd and, in doing so, agree to abide by the Constitution, and to support the policies and procedures as approved by the Board.

I enclose \$5.00, being the annual membership fee.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Form and payment to be returned to:

Illawarra Children's Services  
Central Office  
PO Box 475  
Corrimal NSW 2518

OFFICE USE ONLY		
Date received:	Receipt number:	Amount: