



## Membership Renewal Form

**I hereby apply to renew my membership of Illawarra advocacy Inc.**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Phone number (H) \_\_\_\_\_ (M) \_\_\_\_\_

Email Address \_\_\_\_\_

**Annual membership subscription for 2015/16 is \$1**

### **Donation**

And/or I enclose donation to Illawarra Advocacy of \$ \_\_\_\_\_

(Donations to Illawarra Advocacy are tax deductible)

Total amount enclosed \$ \_\_\_\_\_

### **Please tick appropriate box/s below**

I would like to receive more information about Illawarra Advocacy

I would like to be contacted by a representative of Illawarra Advocacy  
regarding ways to contribute to the organisation.