



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 2019/20 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.