

# MEMBERSHIP RENEWAL FORM

Membership No:

Name:  DOB:

Address:  Post Code:

Contact Phone:

Email:

Member Signature \_\_\_\_\_ Date:

Member Is *(please tick)*:  Irish Born  of Irish Descent  Non-Irish

If you are Irish Born, please tell us your place of birth. If you are of Irish descent, please give further details:   
(e.g. Grandfather was born in Cork)

Would you like to be actively involved in the I.A.A. as a volunteer *(please tick)*?  YES  NO

Do you have any special skills/talents you could offer the Association? eg: face-painting, singing, carpentry etc?

## MEMBERSHIP FEES:

Full Membership Renewal	\$ 40.00
Concession Membership <i>(Pensioner/Student/Unemployed)</i>	\$ 20.00

I have deposited my membership fees directly into the IAA Bank Account Name: IAA Inc., BSB 105-900 and acct no 953185740. (For record-keeping purposes please forward your form to the Membership Secretary even if you have paid electronically) on (date) \_\_\_\_\_ with the following reference details: \_\_\_\_\_

## OFFICE USE:

Date Received:  Date Approved:  M/Ship No.:

Database:  Receipt No.:  Date Sent: