

Mackay Advocacy Inc

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Acting and speaking on behalf of people with disability ...not instead of!

ABN 83 685 183 540

Membership Renewal is now due for 2019/20

APPLICATION FOR MEMBERSHIP

- I would like to apply for membership.
- I would like to renew my membership.

TYPE OF MEMBERSHIP:

- Ordinary
- Associate

Name: _____

Address: _____

Phone: (07) _____ Mobile: _____

Email: _____

Signed: _____ Date: / /

Membership/Donation \$..... with thanks.

**Please enclose \$5 Individual Membership fee or \$10 Organisational Membership fee.
Cheques are payable to Mackay Advocacy Inc.**

Proposed by: _____ Signed: _____

Seconded by: _____ Signed: _____

Office use only:

Membership application accepted/ not accepted at the management committee meeting held on

/ / . Signed: _____

Receipt No: _____ Date: / /

Funded by Department of Communities, Disability Services and Seniors & Queensland Health

