

Inner South Canberra Community Council (ISCCC) Application for Membership – 2013-14

	Membership Details
Title	<input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other _____
Surname	_____
Given Name	_____
Residential Address¹ (must be in ISCCC area)	No. _____ Street: _____ Suburb: _____ State: _____ Post Code: _____
Postal Address (if different from above)	PO Box No. _____ (or) No. _____ Street: _____ Suburb: _____ State: _____ Post Code: _____
Phone (optional)	Home/Work: (02) _____ Mobile: _____
Email	_____ Please note: we only make regular contact with members via email. Other communication via public media.
Information Distribution	Can we email you information on public meetings, AGMs and Newsletters? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about ISCCC?	<input type="checkbox"/> Radio <input type="checkbox"/> Community Newspaper <input type="checkbox"/> Word of mouth <input type="checkbox"/> Internet <input type="checkbox"/> Other _____
Describe areas of Interest in the Community	<ul style="list-style-type: none"> <p style="text-align: right; font-size: small;">Use the reverse of this form if not enough space.</p>
Membership	<div style="display: flex; justify-content: space-between;"> <div>\$5 per person _____</div> <div> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque Or BSB 062902 Account 10262656 </div> </div>
Signature	Date ____ / ____ / 2012

Return this form to
 Inner South Canberra Community Council Incorporated
 PO Box 3310, Manuka ACT 2603
info@isccc.org.au
www.isccc.org.au

¹ Defined in the ISCCC Constitution.