



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 (Pensioner/Student/Unemployed)	\$ 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: