



APPLICATION FOR ASSOCIATION MEMBERSHIP
(Incorporated under the Associations Incorporation Act 2009)

NAME..... (please print clearly)

ADDRESS.....

..... State [][][] Postcode [][][][]

EMAIL..... PHONE.....

I would like to apply to: (Select one option)

BECOME a new member

RENEW my membership

of the above-named Incorporated Association. On being approved as a member by the committee, and notified of same, I agree to be bound by the Constitution of the Association.

Membership is 1 July to 30 June (per the financial year)

1 year \$10 **2 years** \$20 **Optional Donation:** [\$ _____] **TOTAL:** \$ _____

Payment is by direct transfer or cash deposit to the GIFCC Inc Commonwealth Bank Account—BSB: 062 030, Account Number: 10013868. Include in **Reference:** your name, payment amount, and a brief description (e.g., 1-year; 2-year membership, donation, etc).

Are you an Orphan girl descendant? [_____]

If yes - Orphan Girl's name: Ship of arrival:

Signature of applicant **Date**.....

Scan and email form to: memberships@irishfaminememorial.org
(or hand in personally, or post to: GIFCC Inc, c/o The Consulate General of Ireland, Level 26, 1 Market St, Sydney NSW 2000)

Email is preferred for all correspondence including AGM notices.

Notices and updates are also on our website and Facebook page.