

# MEMBERSHIP

A P P L I C A T I O N

## NAME

First Name

Last Name

## ADDRESS

Street Address

Post Code

City

State

## EMAIL

## SIGNATURE

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I, (Full Name)..... hereby apply to become a member of the Inner City Legal Centre. If the Board accepts my application, I agree to be bound by the company's Constitution as in force from time to time.

I would like to be a member of ICLC because (please include a brief statement in the space provided)

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### MEMBERSHIP FEE (TICK ONE)

\$10 WAGED

\$5 UNWAGED

### SCAN QR CODE FOR PAYMENT

DETAILS OR CLICK LINK

[HTTPS://CHECKOUT.SQUARE.SITE/ME  
RCHANT/MLP2J1ZXY3PZR/CHECKOU  
T/JAAG2UPGTUGIMXXR5V7NWUBJ](https://checkout.square.site/merchant/mlp2j1zxy3pZR/checkout/jaag2upgtugimxxr5v7nwubj)



Accepted

Rejected

Office Use Only

Payment Received

Member Register updated