Illawarra Aboriginal Corporation

Membership - Change, Resignation or Removal



Member Name First Surname Full Name Change of Name, Address or Phone Number Y or N First Surname **New Name New Phones New Address** Is your new address still within IAC boundaries? Y or N Sign and Date **Resignation of IAC Membership** I wish to resign my Illawarra Aboriginal Corporation Membership as of Reason (Optional) Sign and Date **Deceased Member** The abovenamed person passed away on this date **Board Initiated Removal of IAC Membership (Refer 5.7 in Rules)** Membership of the Illawarra Aboriginal Corporation is cancelled as of Reason (Required) Date of Board Meeting **Motion Reference** Motioned By Seconded By Chairperson Sign and Date