



## Ipswich Community Alliance Network

### Membership Registration

Complete the form below to sign up for iCAN membership.

(Optional) Introduced by: \_\_\_\_\_

First Name

Last Name

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E-mail

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Phone Number

Mobile Phone number

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Street Address

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Suburb

Post code

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#### ● Constitution of iCAN

- I have read, understood, and accepted the constitution of iCAN.
- I accept the decisions of board of directors



## Ipswich Community Alliance Network

- MEMBERSHIP RULES

1. Membership is available to anyone 18 years of age or older.
2. You promise NOT to use to conduct any fraudulent or business activity or have more than one Member Account at any time.
3. I will not cause detriment or bring the organisation into disrepute.

Signature

Date

Email form to: [icanipswich@gmail.com](mailto:icanipswich@gmail.com)

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Office Use Only:

Notes:

Approved: YES / NO

Checked By: