



APPLICATION FOR SPOUSE MEMBERSHIP

Applicants Name: Surname _____

Given Names _____

Gender: _____

DOB _____ / _____ / _____

Current Address _____

Phone: _____

Mobile: _____

Email Address: _____

Nominating Members Name: Surname _____

Given Names _____

Members Signature _____

Applicants Signature _____

Please provide the name and contact details of 2 x non related IAC members as reference

Referee 1: _____

Referee 2: _____

Please attach a copy of your Marriage certificate, Statutory declaration, or other documentation supporting your partnership to the member.

Please forward to the membership officer at membership@iacski.com