



Indian Council of Australia, Queensland Inc. | ABN: 30832642419 | IA4550426
Peak body for every organisation and person of Indian origin living in Queensland.

With ICAQ membership, you will aspire, expect, and commend its large membership of the Indian diaspora to contribute to a robust nation building, through all ICAQ endeavours in social development, raising prosperity, providing enlightened Citizens, and will present view and voice of the Indian Community in Queensland at various forums and networks of strategic importance to the Indian diaspora in the State of Queensland.

If Applicant is Association:

Applicant Name		
Applicant Address		
Phone		
Email		
President		
Secretary		
Treasurer		
Category	<input type="checkbox"/> Arts & Culture <input type="checkbox"/> Community Services <input type="checkbox"/> Professional Groups <input type="checkbox"/> Social	<input type="checkbox"/> Spiritual <input type="checkbox"/> Sport <input type="checkbox"/> Other(<i>please specify</i>):
Documents Required	<input type="checkbox"/> IA Number or ABN Number: <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Copy of Constitution	
Membership Fees	free for the first year and in the subsequent year fee \$10	

If Applicant is Individual:

Applicant Name	
Applicant Address	
Phone	
Email	
Membership Fees	free for the first year and in the subsequent year fee \$5



Indian Council of Australia, Queensland Inc. | ABN: 30832642419 | IA4550426
Peak body for every organisation and person of Indian origin living in Queensland.

Nomination Supported by (both supporters must be paid members of the respective FY):

Signature:		Signature:	
Name:	Membership ID:	Name:	Membership ID:

Please send the completed membership form to secretary@icaq.org.au and president@icaq.org.au

ICAQ Bank Account:

Account Name: INDIANCOUNCILOFAUSTRALIAQUEENSLANDINC
 Bank Name: Commonwealth Bank
 BSB Number: 064032
 Account Number: 10234215

ICAQ Office Use Only:

Application Received Date:		Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Note:
Application Verified Date:		Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Note:
Nominations Verified Date:		Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Note:
Membership Approval Date:		Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Note: