



# APPLICATION FOR INDEPENDENT LIVING UNIT ACCOMMODATION

DATE: \_\_\_\_\_

SURNAME: \_\_\_\_\_

FIRST NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Post Code \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE NO: H) \_\_\_\_\_

M) \_\_\_\_\_

**TICK**

I / We am / are already Members of the Association

I / We are submitting an application to become a Member

**PLEASE TICK RELEVANT BOX and circle number of bedrooms as appropriate.**

## PURCHASE

INDEPENDENT LIVING UNITS      1 / 2 / 3 bedroom/s

## RENTAL

INDEPENDENT LIVING UNITS      1 / 2 bedroom/s

**I WILL BE READY TO MOVE IN:**

ASAP

3-6 mths

6 – 12 mths

1-2 years

3 or more years

**SIGNATURE(S):** \_\_\_\_\_

Pease forward all correspondence to: The Secretary, PO Box 913, Capalaba Qld 4157