



Membership Application

Name.....

Postal AddressPostcode.....

Telephone Home.....Mobile.....

E:Mail.....

I have skills I would like to offer ILSA? Yes/No

- Management Committee involvement
- Help with monthly Newsletter
- Gardening
- Function organising

I would like to receive ILSA's "Inform" Newsletter

- by email listed above - **(please sign)**.....
- by snail mail to postal address above.
- Thanks but no Thanks

I apply for membership of Independent Living Support Association for

- 2 year I enclose \$3.00 membership fee.
- 5 years I enclose \$5.00 membership fee.

If you would like to pay your membership fees by bank transfer, here are our bank details:

Name of Account: FNQ Independent Living Support Association Inc
Name of Bank: National Australia Bank Limited
Branch No (BSB): 084-472
Account No: 160339097

Note: Memberships are current from 1 January to 31 December each calendar year and ILSA currently holds Public Liability Insurance for \$20,000,000

I understand that membership requires me to abide by the Rules of Independent Living Support Association and relevant legislation (copies of which are available from the Secretary upon request).

Signature of Applicant.....**Date**.....

Signature of Nominator.....**Date**.....
(Nominator—current member of ILSA)

Office Use Only: \$3.00 enclosed: Yes/No \$5.00 enclosed : Yes/No Receipt Number:

Date Accepted at Management Committee meeting

Signature of Committee Member.....