

## Membership Renewal

Name:				
<i>If your contact details have changed please put new details in space provided.</i>				
Postal Address:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>			
Home Ph:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>			
Mobile:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>			
Email:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>			
I give permission to ILSA to send the "Inform" Newsletter to me by email to the address as listed above - <b>(please sign)</b> .....				

I renew my membership of Independent Living Support Association for  
 2 years          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*

**Signature of Member**.....**Date**.....

Please send this form with \$3.00/\$5.00 to:

Independent Living Support Association  
 PO Box 884  
 BUNGALOW QLD 4870

<i>Office Use Only:</i> \$3.00 enclosed: Yes/No    \$5.00 enclosed : Yes/No    Receipt Number: .....
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