



Membership Application

Name.....

Postal AddressPostcode.....

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

E:Mail.....

I would like to volunteer with ILSA Yes/No

Please indicate if there is something specific you would like to be involved in:

- Management Committee
- Help around the office
- Communications
- Activities
- Other. Please indicate.....

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

- by email listed above
- Thanks but no Thanks

I apply for membership of Independent Living Support Association for

- 1 year I enclose \$5.00 membership fee.
- 3 years I enclose \$10.00 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 the date we receive this signed form and your membership fees for a period of 12 months or 3 years dependent on your specified period of time.
 ILSA currently holds Public Liability Insurance for \$20,000,000*

I understand that membership requires me to abide by the Rules of ILSA 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: \$5.00 enclosed: Yes/No \$10.00 enclosed : Yes/No Receipt Number:

Date Accepted at Management Committee meeting

Signature of Committee Member.....



Thank you for supporting ILSA!

In becoming a member of ILSA, you have:

- Voting rights
- Rights to notice of meetings and to attend certain meetings
- The right to submit items of business for consideration at general meetings and to be heard at general meetings
- The right to appoint a proxy to vote and speak on your behalf
- The right to nominate to hold a formal role on the Management Committee
- Access to regular communications through our e-newsletter *Touchpoint*
- The ability to provide input into the direction of ILSA

Please note your membership can be terminated or suspended if you fail to pay membership dues or you act in a manner contrary to the Rules of the Association.

We are thrilled that you have joined the ILSA community!

Contact details:

Cairns: Ph: 4041 6507

Mackay: Ph: 4229 9490

Email: office@ilsa.org.au