

Membership Renewal

Name:	
<i>If your contact details have changed please put new details in space provided.</i>	
Postal Address:	
Home Ph:	
Mobile:	
Email:	
I give permission to ILSA to send the "TouchPoint" Newsletter to me by email to the address as listed above - (please sign)	

I renew my 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*

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

Please send this form with \$5.00/\$10.00 to:

Independent Living Support Association
 PO Box 884
 BUNGALOW QLD 4870

Office Use Only: \$5.00 enclosed: Yes/No \$10.00 enclosed : Yes/No Receipt Number: