



Membership Application

Thank you for becoming a member of ILSM

Please return completed application. Can be submitted by email, mail or fax.

Membership costs \$0 annually.

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____

E-MAIL: _____ DATE: _____

First Time Membership Yes No

Renewing Membership Yes No

DONATION (OPTIONAL)

I would like to make a donation in the amount of \$ _____

Credit Card # _____ Expiry Date _____

SIGNED: _____

CHEQUES PAYABLE TO:

Independent Living Resource Centre Corp.

Charitable Receipts can be issued if requested.

Charitable #86481 2664 rr001

AMOUNT ENCLOSED \$ _____

Email: rdimeglio@ilsm.ca

Mail: 125 Durham Street

Sudbury, ON

P3E 3M9

Fax: 705-675-1283

Phone: 705-675-2121

Thank you for your support!