Restless Legs Syndrome

MEMBERSHIP FORM

RLSA Membership: Regular Fee: $26.40 / Concession: $19.80

FULL NAME: *(MR / MRS / MS)* _____ ***DATE:*** _____

STREET : _____

SUBURB: _____ ***STATE:*** _____ ***POST CODE:*** _____

PHONE: _____ ***EMAIL:*** _____

PAYMENT DETAILS FOR MEMBERSHIP: *Cheque* ❒ *Money Order* ❒ ***CREDIT CARD:*** *Bankcard* ❒ *Visa* ❒ *Mastercard* ❒

ACCOUNT NUMBER:		***EXPIRY DATE:***	

SIGNATURE: _____ ***CARDHOLDER:*** _____

MAILING ADDRESS IF POSTING: ***RLS Australia, PO BOX 1653, WARRIEWOOD SQUARE, NSW, 2102***