Autism Association of WESTERN AUSTRALIA

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(ABN 54 354 917 843)

Application For New Membership/Tax Invoice

Please complete the following information to apply for Membership

Personal Details (print clearly in BLOCK Letters)

Mr/Mrs/Miss/Ms	Given Name:	Surname:
Occupation:		

Spouse/Partner Details

Mr/Mrs/Miss/Ms	Given Name:	Surname:
Occupation:		

Contact Details

Address:		
		Postcode:
Home Contact Number:	Business:	Mobile:
Email:		

Details of family member with Autism (if more than one please attach further information)

Name:	DOB:	Gender: (M/F)
Diagnosis:		(Autism, Asperger, PDD/NOS)
Relationship to member:		(Son, Daughter, Niece, Nephew etc)
Languages spoken at home (other than English):		

Organisation/professional details (for **Ordinary Member: Professional** only)

Name:	
Address:	
	Postcode:
Email:	Telephone:
ABN if applicable:	Contact Name:

Payment ☐ **Cheque**

PLEASE ENCLOSE CHEQUE FOR

$ (inc. GST)

Please make cheque payable to:
Autism Association of W.A. (Inc)
Mail registration form with payment to:
Autism Association of Western Australia (Inc)
Locked Bag 2, Subiaco WA 6904

☐ **Credit Card**

PLEASE DEBIT MY: ☐ VISA ☐ MASTERCARD

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry: / / Amount: $ (incl. GST)

Name on card:

Signature:

Membership Fees for **Ordinary Member: Individual** each year (up to 2 members over the age of 18 years) $35 inc GST

Membership Fees for **Ordinary Member: Professional** each year (12 months from first joining) $70 inc GST

PLEASE KEEP A COPY OF THIS APPLICATION FORM AND USE AS A TAX INVOICE IF REQUIRED