



## Membership Renewal form.

### Billing Details:

<b>First Name:</b> .....	<b>Last Name:</b> .....
<b>Email:</b> .....	<b>Phone:</b> .....
<b>Residential Address:</b> .....	
<b>Suburb:</b> .....	<b>Postcode:</b> .....
<b>State:</b> .....	<b>Country:</b> .....
<b>Postal Address:</b> .....	
<b>Suburb:</b> .....	<b>Postcode:</b> .....
<b>State:</b> .....	<b>Country:</b> .....

### Please tick the Membership Plan you wish to renew:

- Family/Individual Membership - **\$35.00** AUD (inc. GST)
- Professional Membership - **\$70.00** AUD(inc. GST)

### Please complete this form and return with your remittance to:

**Autism Association of Western Australia (Inc.)**  
**Locked Bag 2**  
**Post Office**  
**Subiaco WA 6904**

### Enter Your Payment Details if using Credit/Debit Card:

Payment Amount:      **\$35.00 AUD / \$70.00 AUD**                      Debit from: MasterCard / Visa / Bank Card

Name on Card: .....

Credit Card Number: .....

Expiry Date: ..... /...../..... (dd/mm/yy)

CVV2: .....

Alternatively, you can also send your payments via **cheque, cash or money order** enclosed within this form to the above mentioned address.

Your membership will be valid for **12 months** from the date of the receipt of the payment.

Signature.....

Date ...../...../.....