



## APPLICATION FOR NEW MEMBERSHIP / TAX INVOICE

Please complete the following information to apply for Membership

### PERSONAL DETAILS – Please Complete Contact Details Below

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

#### Spouse / Partner Details

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

### CONTACT DETAILS

Address: .....                                      Postcode: .....

Email Address: .....

Telephone: Home .....                      Business .....                      Mobile .....

### DETAILS OF FAMILY MEMBER WITH AUTISM (If more than one please attach further information)

Name: .....                      D.O.B: ...../...../.....                      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 Organisational or Professional members only)

Name: .....

Address: .....                                      Postcode: .....

Email Address: .....                                      Telephone: .....

ABN if applicable: ...../...../.....                      Contact Name: .....

Please debit my:                      Bankcard / Mastercard / Visa                      Amount: \$ .....

Card Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_                      Expiry Date: ...../.....

Name on Card: .....                      Signature: .....

Membership Fees for Families each year (up to 2 members over the age of 18 years)                      **\$25 inc GST**  
 Membership Fees for Organisations / Professionals each year (1<sup>st</sup> January to 31<sup>st</sup> December)                      **\$35 inc GST**

**37 Hay St, Subiaco WA 6008**  
**Locked Bag 9, West Perth WA 6872**  
**ABN: 54 354 917 843**

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