

Thinking of becoming a Member? Here's the form.

Membership of the Autism Association of Western Australia is open to families, professionals and individuals (over the age of 18 years) with an interest in Autism.

Your Membership Assists Us to Provide Better Services to a Wider Range Of Clients

Benefits include

- Being a member of the Autism Association of Western Australia provides access to current information relevant to families and individuals with an interest in Autism.
- Information on seminars, workshops and upcoming events.
- Access to the 'membership login area' of our website which provides access to our Annual Reports and additional publications online.

Membership Fees

- Ordinary Member: **Individual** (for up to 2 family members) – **\$35.00**
- Ordinary Member: **Professional** (medical, allied health & education professionals) – **\$70.00**
- *All Memberships are valid for 12 months.*

Membership Renewals

Membership Renewal notifications will be sent to current members via email. Memberships must be renewed within 12 months of expiry date of the plan.

If you are having problems renewing your membership please contact us on (08) 9489 8900 or email Membership@autism.org.au

Please complete and return the application form at Reception of the Head Office or Post/Fax/Email to: Membership@autism.org.au

Once we receive your membership application, it will be presented to the Board at the monthly meeting. Upon approval of your application, a membership pack will be sent out to you.

Current paid employees of the Autism Association are not eligible to apply for Memberships.

Apply online for memberships at <https://www.autism.org.au/about-us/become-a-member/>

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Individual & Family Membership Form / Tax Invoice

Billing Details* (*information required)

First Name: Last Name:
Email: Phone:
Address:
Suburb: Postcode:
State: Country:

Personal Details*

Title:
First Name:
Last Name:
Occupation:

Spouse/Partner Details (optional)

Title:
First Name:
Last Name:
Occupation:

Details of Family Member with Autism*

First Name: Last Name:
DOB: Gender:
Address:
Diagnosis:
Relationship to Member:
Languages spoken at home (other than English):
.

Enter Your Payment Details*

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

Name on Card:

Credit Card Number:

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

CVV2:

Signature of the applicant: Date:/...../.....



Autism
Association of **WESTERN AUSTRALIA**

T (08) 9489 8900
F (08) 9489 8999
E autismwa@autism.org.au

Locked Bag 2 SUBIACO WA 6904
215 Stubbs Terrace Shenton Park 6008
www.autism.org.au

Thinking of becoming a Member? Here's the form.

Professional Membership Form/ Tax Invoice

Billing Details* (*information required)

First Name: Last Name:
Email: Phone:
Company Name:
Address:
Suburb: Postcode:
State: Country:

Membership Details*:

Title: First Name: Last Name:
Occupation:

Organisational/Professional Details*:

Organisation Name:
Address:
Suburb: State:
Telephone: ABN:

Enter Your Payment Details*:

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

Name on Card:

Credit Card Number:

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

CVV2:

Signature of the applicant: Date:/...../.....