

Application for Membership

Person 1

Name: _____

Date of Birth: ____ / ____ / ____ *Must be 18 or over.

Organisation (if applicable) : _____

Residential Address: _____

_____ Post Code: _____

Postal Address or as above _____

_____ Post Code: _____

Telephone: _____

Mobile: _____

Email: _____

Please indicate your membership category:

- Person on the Autism Spectrum or Partner
- Parent or Grandparent of person on the Autism Spectrum
- Immediate Family Member of person on the Autism Spectrum
relationship _____
- Other Individuals
- Professional/Organisation

*I/We agree with the guiding principles of Autism Tasmania Inc.
I/We understand that acceptance of membership is subject to
approval of the Board and that my personal details will remain private.*

_____/_____/_____
Signed Date

Person 2

Name: _____

Date of Birth: ____ / ____ / ____ *Must be 18 or over.

Organisation (if applicable) : _____

Residential Address: _____

_____ Post Code: _____

Postal Address or as above _____

_____ Post Code: _____

Telephone: _____

Mobile: _____

Email: _____

Please indicate your membership category:

- Person on the Autism Spectrum or Partner
- Parent or Grandparent of person on the Autism Spectrum
- Immediate Family Member of person on the Autism Spectrum
relationship _____
- Other Individuals
- Professional/Organisation

*I/We agree with the guiding principles of Autism Tasmania Inc.
I/We understand that acceptance of membership is subject to
approval of the Board and that my personal details will remain private.*

_____/_____/_____
Signed Date

Membership fee:

Professional/Organisation/Other Individuals \$33.00

Person on the Autism Spectrum or Partner Free

Parent/Grandparent/Immediate Family Member of person on the Autism Spectrum Free

Donation *Any donations would be appreciated and assist us with providing support _____

Donations over \$2 to Autism Tasmania Inc. are tax deductible and receipted separately

Total: \$ _____



Payment Method (if applicable):

- Paid directly to Bendigo Bank** [Please include your name when making the EFT or direct deposit]
Account Name: Autism Tasmania Inc. BSB: 633 000 Acct No. 136 780 525
- Cheque or money order enclosed** [please do not send cash through the mail]
- Visa or Mastercard**

Card Number: ____ / ____ / ____ / ____ Expiry Date: ____ / ____ CVV: ____ (3 digit number on back of card)

Name on Card: _____ Cardholder's Signature: _____

Please mail to: The Membership Secretary, Autism Tasmania Inc, PO Box 4649, Bathurst St PO, Hobart, TAS, 7000

Or Email a signed copy to: autism@autismtas.org.au