

Application for Membership

Please choose one of these membership categories:

- Individual
- Family – each of two (2) partners can vote at general meetings
- Organisational – the nominee named can vote at general meetings

Name: Dr Mr Mrs Ms Miss _____

Organisation (if applicable): _____

Address: _____

_____ Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Please indicate your interest in the autism field

- Person with an ASD
- Extended Family
- Other – details please: _____
- Parent
- Professional

On acceptance, this form becomes a tax invoice with your record of payment. Please keep a copy.
 Concessional membership is available to holders of healthcare concession cards only.
 Donations over \$2 to Autism Tasmania Inc are tax deductible and receipted separately.

General	\$27.50 [inc GST]
Donation	
Total	\$

Concessional	\$11.00 [inc GST]
Donation	
Total	\$

- Paid directly to Bendigo Bank [Please include your name when making the EFT or direct deposit]
Account Number: 633-000 136780525 Account Name: Autism Tasmania Inc.
- Cheque or money order enclosed [please do not send cash through the mail]

I agree with the aims and ideals of Autism Tasmania Inc. I understand that acceptance of membership is subject to approval of the Committee and that my contact details will remain private.

Signed

Date

Return to: The Membership Secretary
 Autism Tasmania Inc
 PO Box 1552
 Launceston TAS 7250