

Application for membership



CONTACT DETAILS

Name			Date of birth (<i>must be 18+</i>)	
Organisation				<input type="checkbox"/> N/A
Residential address				
Town/suburb			Postcode	
Postal address (if different to above)				
Town/suburb			Postcode	
Telephone			Mobile	
Email address				

MEMBERSHIP CATEGORY *Tick all that apply*

- Person on the autism spectrum (**free**)
- Partner of a person on the autism spectrum (**free**)
- Parent/Carer or guardian of a person on the autism spectrum (**free**)

Optional: Date of birth of child(ren) on the autism spectrum.
This will enable us to send you relevant information for your child.

Date of birth: Child 1	Date of birth: Child 2	Date of birth: Child 3

- Grandparent of a person on the autism spectrum (**free**)
- Immediate family member of a person on the autism spectrum (**free**)
- Other individual (**\$44.00**)
- Professional/organisation (**\$44.00**)

Signed	Date

Member's declaration: *I agree with the core values of Autism Tasmania. I understand that acceptance of membership is subject to approval by the Board and that my personal details will remain private.*

Form continues over the page.

PAYMENT AMOUNT (if applicable)

Professional/organisation OR Other individual	\$ 44.00
Free membership	\$ 0.00
Donation	\$ <input type="text"/>
TOTAL	\$ <input type="text"/>

All donations are appreciated and help us continue to offer support. Donations over \$2 are tax deductible and receipted separately.



PAYMENT METHOD

Paid directly to Bendigo Bank

Please include your name when making the EFTPOS or direct deposit
Autism Tasmania Inc. | BSB: 633 000 | Account number: 136 780 525

Visa or Mastercard

Fill in details below

Card number

Expiry date

CVV

Name on card

Signature

OUR VISION

Optimum life outcomes for adults and children on the autism spectrum.

OUR CORE VALUES

Inherent worth: We recognise and celebrate that people on the autism spectrum are valuable members of society, capable of contributing to and enriching the lives of those around them.

Social justice: We value equality and recognise that some people need a greater share of resources in order to have equal opportunity.

Individual dignity: We value individuality, acknowledge that everyone should be treated with respect, and we believe that all people should have the opportunity to be involved in choices relating to their own wellbeing.

Respecting language and identity: We acknowledge the differing views within the autism community for describing autism and respect the right of individuals to choose the language which they believe most powerfully represents them.

OUR MISSION

To help adults and children in Tasmania on the autism spectrum, their families and carers to participate fully, independently, and equally in all aspects of their everyday lives.

Evidence-based practice and policy: We value evidence based practice and consult with and seek input from the autism community to influence better policy outcomes.

Collaboration and community: We value partnerships with other organisations, and celebrate the diversity and achievements of the community we represent.

Professionalism and accountability: We strive to operate our organisation transparently and with the best interests of our members and the Tasmanian autism community in mind.



Please mail to: **The Public Officer, Autism Tasmania Inc, PO Box 4649, Bathurst Street PO, Hobart, TAS, 7000** or email a signed copy to: **autism@autismtas.org.au**