AUTISM SA

Leading the way through knowledge, understanding & acceptance

Autism SA Non-Client Financial Membership Application Form / Tax Invoice

Thank you for your interest in becoming a Financial Member of Autism SA which is a ***charitable, non-government, not-for-profit organisation*** offering support to people with an Autism Spectrum Disorder and their families.

Financial Membership of Autism SA is a valuable resource for, lecturers, teachers, students, carers and other professionals working in this field ie doctors, psychologists, occupational therapists, speech pathologists and psychiatrists. Benefits of Membership: Borrowing Rights from our Resource Centre, voting rights, guaranteed receipt or our quarterly newsletter, discounts on merchandise and training. Organisational membership allows more than one staff member the benefits such as cheaper training courses etc.

Your membership is for a period of 12 months beginning from the first day after your payment is received. You will be sent a renewal reminder annually.

Please complete this form and return it with your payment to the address below. This form becomes a tax invoice upon payment – please retain a copy and attach your receipt for this purpose.

Your Contact Details:

Title: Mr / Mrs / Ms / Miss / Dr / Mr & Mrs (please circle)

Telephone: _____

Name: _____
First *Surname*

Mobile: _____

Position: _____

Email Address: _____

Organisation: _____

Postal Address: _____

_____ Post Code _____

❑ Please tick this box if you do not wish to receive regular updates via email

Your Membership and Payment Details:

Yes I would like to become a member of Autism SA in the following category (please tick one only):

❑ **Organisational / School Membership @ $70 (inc GST)** **Annual Renewal Fee $66 (inc GST)**

❑ **Individual @ $50pa (inc GST)** **Annual Renewal Fee $44 (inc GST)**

I would like to make an ***optional*** tax deductible gift of ❑ $10 ❑ $20 ❑ $60 ❑ Other amount $ _____

for a total of $ _____ paid by ❑ Cheque ❑ Money order enclosed or please debit my

❑ VISA ❑ MASTERCARD

Card Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Exp Date _____ / _____

Full Name on your card: _____ Signature: _____

Privacy Statement: Your privacy is important to us and we are committed to the ethical collection and handling of your personal details. We'd like to keep you informed of our activities but if you do not wish to be contacted in the future, please tick the box and return this form to us. ❑ **December 2007**

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Patron His Excellency Rear Admiral Kevin Scarce AO CSC RANR Governor of South Australia
Autism Association of South Australia Inc. trading as 'Autism SA' is a Deductible Gift Recipient for taxation purposes