AUTISM SA

Leading the way through knowledge, understanding & acceptance

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

Thank you for considering 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.

Financial Membership of Autism SA is a valuable resource for people and families of people with an Autism Spectrum Disorder. Benefits of Membership: voting rights, guaranteed receipt of our newsletter as well as discounts on merchandise, training, special events and promotions.

Financial Membership income helps Autism SA fund its quarterly newsletter, information brochures and other resources for which no recurrent funding is received.

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)

Name: _____
First *Surname*

Postal Address: _____

_____ Post Code _____

Email Address: _____ Telephone: _____

❑ 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 **Client/Family Member of Autism SA @ $40pa (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. ❑

April 2008

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Phone (08) 8379 6976 **Fax** (08) 8338 1216 **Email** admin@autismsa.org.au **Website** www.autismsa.org.au **Info Line** 1300 288 476
Patron His Excellency Rear Admiral Kevin Scarce AC CSC RANR Governor of South Australia
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