


Application for membership



CONTACT DETAILS (PLEASE COMPLETE ALL SECTIONS)

Name			Date of birth	Must be 18 or over
Organisation	N/A			
Residential Address			Postcode	
Postal Address <small>same as above</small>			Postcode	
Telephone		Mobile		
Email				
Membership category <small>TICK ALL THAT APPLY</small>	Person on the autism spectrum (free) Partner of a person on the autism spectrum (free) Parent or guardian of a person on the autism spectrum (free) Grandparent of a person on the autism spectrum (free) Immediate family member of a person on the autism spectrum (free) Other individual (\$33.00) Professional/organisation (\$33.00)			
Signed			Date	
<i>Member's declaration: I agree with the guiding principles of Autism Tasmania. I understand that acceptance of membership is subject to approval by the Board and that my personal details will remain private.</i>				
Payment Method	Paid directly to Bendigo Bank PLEASE INCLUDE YOUR NAME WHEN MAKING THE EFT OR DIRECT DEPOSIT 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 FILL IN DETAILS BELOW			
	Card Number			
	Expiry Date		CVV	
	Name on card		Signature	
Payment Amount	Professional/organisation Other individual	\$33.00	All donations are appreciated and help us continue to offer support. Donations over \$2 are tax-deductible and receipted separately. 	
	Free membership	\$0.00		
	Extra donation	\$		
	TOTAL	\$		

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