



# Autism Gold Coast Inc

ABN: 43 196 196 468

Registered Charity: CH 1524



Cottage in Cascade Gardens parklands, BROADBEACH



PO Box 2272, BURLEIGH HEADS MDC QLD 4220



5539 9903 (Please leave a message if unattended.)

## 2017 Membership Application Form

### TAX INVOICE

DESCRIPTION	QTY	PRICE	AMOUNT
2017 Autism Gold Coast Inc Membership (GST free)	1	\$15.00	\$15.00
Donation to Autism Gold Coast Inc [ Donations over \$2 are tax deductible ] Or make a secure online donation at <a href="http://autismgoldcoast.com.au">autismgoldcoast.com.au</a> using the <i>Donation Button</i> .			\$ _____
<b>Payment:</b> <input type="checkbox"/> CHEQUE <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASH <b>TOTAL:</b> Make all cheques / money orders payable to: Autism Gold Coast Inc <input type="checkbox"/> DIRECT DEPOSIT: Pls <b>Reference YOUR SURNAME</b> and <b>POST/EMAIL this M'ship Form.</b> Autism Gold Coast Inc, Suncorp Metway, Brisbane BSB: 484799 Account: 500400106			\$ _____
If your membership details below have <b>not changed</b> from last year (address / email / phone / additional children with/without diagnosis), please tick this box, and <b>post / email</b> this form with membership fee. <b>&gt;&gt;&gt; PLEASE ENTER YOUR NAME BELOW &lt;&lt;&lt;</b>			<input type="checkbox"/>

NAME/S: \_\_\_\_\_

POSTAL ADDRESS & POST CODE: \_\_\_\_\_

TELEPHONE / Mobile: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ORGANISATION: (if applicable) \_\_\_\_\_

I would like to receive the **Newsletter by email**  YES  NO **NB: Your email is undisclosed to other recipients.**

I would like to be on the **Email Newsgroup** (information-updates)  YES  NO

**My association with ASD is:**

I am a  Parent  Adult with ASD  Sibling  Interested Professional  Other: \_\_\_\_\_

Name of diagnosed Child/ren: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School / Centre / Work: \_\_\_\_\_

Sibling Names: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If you have any questions concerning Autism Gold Coast Inc membership, please contact:**  
 [ph] 5539 9903  
 [e] [admin@autismgoldcoast.com.au](mailto:admin@autismgoldcoast.com.au)

**OFFICE USE ONLY:**

Receipt No: \_\_\_\_\_

Date: \_\_\_\_\_

**Thankyou for your support through membership!**