



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 autismgoldcoast.com.au using the <i>Donation Button</i> .			\$ _____
Payment: <input type="checkbox"/> CHEQUE <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASH TOTAL: Make all cheques / money orders payable to: Autism Gold Coast Inc <input type="checkbox"/> DIRECT DEPOSIT: Pls Reference YOUR SURNAME and POST/EMAIL this M'ship Form. Autism Gold Coast Inc, Suncorp Metway, Brisbane BSB: 484799 Account: 500400106			\$ _____
If your membership details below have not changed from last year (address / email / phone / additional children with/without diagnosis), please tick this box, and post / email this form with membership fee.			<input type="checkbox"/>
>>> PLEASE ENTER YOUR NAME BELOW <<<			

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

OFFICE USE ONLY:

Receipt No: _____

Date: _____

Thankyou for your support through membership!