



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.)

2019 Membership Application Form

INVOICE

DESCRIPTION	QTY	PRICE	AMOUNT
2019 <i>Autism Gold Coast Inc</i> Membership (GST free)	1	\$15.00	\$15.00
Donation to <i>Autism Gold Coast Inc</i> [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: 484 799 Account: 500 400 106			\$ _____
E&OE 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 (*please leave a message*)

[e] admin@autismgoldcoast.com.au

OFFICE USE ONLY:

Receipt No: _____

Date: _____

Thankyou for your support through membership!