



# 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.)

## 2020 Membership Application Form

### INVOICE

DESCRIPTION	QTY	PRICE	AMOUNT
2020 <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 <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: <b>Autism Gold Coast Inc</b> <input type="checkbox"/> DIRECT DEPOSIT: Pls <b>Reference YOUR SURNAME</b> and <b>POST/EMAIL this M'ship Form.</b> <b>Autism Gold Coast Inc, Suncorp Metway, Brisbane BSB: 484 799 Account: 500 400 106</b>			\$ _____
<b>E&amp;OE</b> If your membership details below have <b>not changed</b> from last year (address / email / phone / additional children with/without diagnosis), please <b>tick</b> this box, and <b>post / email</b> this form with membership fee.			<input type="checkbox"/>
<b>&gt;&gt;&gt; PLEASE ENTER YOUR NAME BELOW &lt;&lt;&lt;</b>			

**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](mailto:admin@autismgoldcoast.com.au)

**OFFICE USE ONLY:**

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

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

**Thankyou for your support through membership!**