



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
 0480 275 582 (Please leave a message if we are unable to take your call.)

2022 Membership Application Form INVOICE

DESCRIPTION	QTY	PRICE	AMOUNT
2022 Autism Gold Coast Inc Annual Membership (January to December) (GST free) <input type="checkbox"/> individual/family - \$20 OR <input type="checkbox"/> Concession Card holder - \$15	1	\$20.00 or \$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"/> CASH TOTAL: <i>Make cheques payable to: Autism Gold Coast Inc</i> <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 <input type="checkbox"/> ONLINE MEMBERSHIP https://autismgoldcoast.com.au/member/ 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. >>> PLEASE ENTER YOUR NAME BELOW <<<			<input type="checkbox"/>
NAME/S: _____ POSTAL ADDRESS & POST CODE: _____ TELEPHONE / Mobile: _____ EMAIL: _____ ORGANISATION: (if applicable) _____ I would like to receive the Newsletter by email <input type="checkbox"/> YES <input type="checkbox"/> NO NB: Your email is undisclosed to other recipients. I would like to be on the Email Newsgroup (information-updates) <input type="checkbox"/> YES <input type="checkbox"/> NO My association with ASD is: I am a <input type="checkbox"/> Parent <input type="checkbox"/> Adult with ASD <input type="checkbox"/> Sibling <input type="checkbox"/> Interested Professional <input type="checkbox"/> 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] 0480 275 582 (please leave a message) [e] admin@autismgoldcoast.com.au		OFFICE USE ONLY: Receipt No: _____ Date: _____	

Thankyou for your support through membership!