



Association for Children with a Disability Membership Application Form

Title _____ First name _____ Surname _____

Organisation (if applicable) _____

Address _____ Suburb _____ Postcode _____

Phone _____ Mobile _____ Fax _____

I would like to receive email correspondence to the following email address _____

Child's name _____ Child's disability _____

Child's date of birth ____/____/____ Sibling name/s & Dates of birth _____

I support the purposes and rules of the Association for Children with a Disability and accept the terms and conditions of application for membership as detailed on the Association website www.acd.org.au

Signature _____ Date of birth (for voting rights you must be 18 years or over) ____/____/____

I would like to take out a family membership (FREE for the first 12 months then \$15 (GST Inc) per year)

I am a parent/carer a sibling a person with a disability a grandparent extended family

Can we contact you from time to time about focus groups/consultations/surveys? Yes No

I would like to take out a membership as an interested person or student for \$15 (GST Inc) per year

I am an interested person a student

I would like to take out an organisational membership. Please send me an invoice for \$55 (GST Inc) per year

I am a community organisation a professional

I would like to make a donation of \$ _____ The generosity of our members and supporters is a key factor in the strength of our organisation. As a registered charity, all donations over \$2 are tax deductible.

Payment details

Cheque (made payable to the Association for Children with a Disability)

VISA Mastercard Card number ____/____/____/____ Expiry date ____/____

Cardholder's name _____ Cardholder's signature _____

I would like a receipt Yes No

Please complete this form and return it to Association for Children with a Disability, Reply Paid 84584, Hawthorn VIC 3122

Once your membership has been approved you will receive confirmation by post. Please don't hesitate to contact us in the meantime if you have any questions or concerns.

Thank you for applying for membership of the Association for Children with a Disability and supporting our work.