

MEMBERSHIP APPLICATION

CONTACT DETAILS

Name: _____

Business Name (if applicable): _____

Address: _____

Telephone (W/H): _____ Mobile: _____

Email: _____

MEMBERSHIP DETAILS

Are you a volunteer at TASC? Yes No

I wish to apply for membership/renewal (please circle) of membership with **THE ADVOCACY AND SUPPORT CENTRE INC.** for the period 1 July 2015 to 30 June 2016 as follows (all membership fees include GST):

<input type="checkbox"/> \$5.50	Associate Membership (14-17 years, does not have voting rights)	<input type="checkbox"/> \$11.00	Ordinary Membership (18+ years, has voting rights)
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PAYMENT AMOUNT	
\$	Membership Fee
\$	Donation (all donations are tax deductible) <i>Note: donations can also be made on our website</i>
\$	TOTAL

PAYMENT METHOD A paid tax invoice will be sent to you once payment is received		
<input type="checkbox"/> Cheque/Money Order	Payable to: The Advocacy & Support Centre	Please post to: PO Box 594 TOOWOOMBA QLD 4350
<input type="checkbox"/> Electronic Funds Transfer	ANZ: The Advocacy & Support Centre Inc. BSB: 014 720 Account: 493 194 332 Please note your NAME in the reference field	

Signature: _____ Date: _____

(Please note: For voting rights at the AGM on 29 September 2015, your application must be returned prior to the commencement of the Annual General Meeting.)

Office Use Only

Proposer Name: _____ Proposer Signature: _____

Secunder Name: _____ Secunder Signature: _____

Fee Paid: \$ _____ Date Payment Received: _____

Receipt Number: _____