



The Association for Children
with Disability (Tas.) Inc.

MEMBERSHIP APPLICATION FORM

Please return this form by one of the below methods:

In Person: Visit us at Level 3, 168 Collins Street, Hobart
Post ACD (Tas) Inc GPO Box 730 Hobart Tas 7001
Email admin@acdtas.com.au

TAX INVOICE
*Membership year is 1 July 2019 to 30 June 2020
 Tax Invoice / Receipt will be sent to you on receipt of
 your application and payment*

MEMBERSHIP CATEGORIES:

- \$50 Businesses and everyone else \$15 Families of children or young adults with disability

PAYMENT OPTIONS:

- Cheque (Please make cheque out to **The Association for Children with Disability (Tas.) Inc.**)
 Direct Deposit / EFT
 Account Name: **ACD Tas Inc** BSB: **807 009** Account Number: **51424913**
 Please record your surname or invoice number in the "Message/Reference" field of your
 Internet Banking site. List your payment receipt number: _____

PEPTalk MAGAZINE FORMAT:

PEPTalk Magazine will be sent out three times a year. Please indicate the format you would prefer to receive this in: Hardcopy to postal address supplied Electronically to the email address supplied

Organisation Membership Name:			
Family Membership Name/ Organisation Contact Name:	<i>First Name/s:</i>		
	<i>Family Name:</i>		
Postal Address:			Post Code
Phone Number:	()		
Email Address:			

Family Membership Only (Optional):

Child's Name:			
Child's Disability:			
Child's D.O.B:			
Siblings:	<input type="checkbox"/> No <input type="checkbox"/> Yes - First names of Siblings:		
We are working on Keeping in touch with our members!	Would you like to be included on our email mailing list or ACD Member Facebook Group to make sure that you receive information about events and opportunities? <input type="checkbox"/> Mailing List <input type="checkbox"/> Facebook Group Name on Facebook: _____		
What are the main areas of concern or interest for you and your family?			