



Tasmanians with Disabilities Inc.

A.B.N. 90 025 692 662

20 Creek Road, LENA VALLEY TAS 7008

Phone: (03) 6278 8023 Fax: (03) 6278 8391

Email: taswdis@southcom.com.au Website: www.twd.org.au

2009 / 2010 Membership



I hereby apply for membership of Tasmanians with Disabilities Inc, the objects and the ideals of which I support. I declare that I am eligible for membership as indicated below and enclose my membership fee accordingly.

Membership Renewal New Membership Application

Please tick above which is applicable

Signed: _____ Date: ____/____/200__

NB: This application must be signed by the applicant or his/her advocate

Name / Organisation

Address

Fax (if applicable)

Phone

Website (if applicable)

Email (if applicable)

Membership Fee Payable The prices includes 10% GST

Please select one of the following membership options below:

<u>Individual Membership</u>	Waged / Employed	\$ 22.00	<input type="checkbox"/>
(A person over the age of 18 with a disability)	Unwaged / Concession	\$ 11.00	<input type="checkbox"/>
<u>Associate (Non-Voting) Membership</u>	Waged / Employed	\$ 22.00	<input type="checkbox"/>
(A person over the age of 18 without a disability)	Unwaged / Concession	\$ 11.00	<input type="checkbox"/>
<u>Organisational (Voting) Membership</u>		\$ 38.50	<input type="checkbox"/>
(A organisation of which at least 51% of its members have a disability)			
<u>Associate Organisational (Non-Voting) Membership</u>		\$ 38.50	<input type="checkbox"/>
(A organisation of parents / friends of people with a disabilities which works to achieve objectives in line with those of Tasmanians with Disabilities Inc.)			
<u>Corporate Member (Non-Voting) Membership</u>		\$ 121.00	<input type="checkbox"/>
(A voluntary organisation, service group, professional association, commercial enterprise and other organisation shall be eligible.)			

Payment Method

Cheques & Postal Notes should be made payable to: Tasmanians with Disabilities Inc.

Details for Electronic Fund Transfer:

Commonwealth Bank BSB 067-101

A/c No: 28041588

A/c Name: Tasmanians with Disabilities Inc.

Retain a copy of this page for your records

PLEASE NOTE you need to send a copy of this completed form via mail to:

Tasmanians with Disabilities Inc
20 Creek Road, LENA VALLEY TAS 7008