This form is used by eligible individuals in application for Ordinary Membership of Autism SA. Complete and return to Autism SA at the mailing address below. The application will be considered by the Board of Directors in accordance with Autism SA’s Membership policy.

In accordance with Autism SA’s Constitution, a maximum of one representative (including primary carer) of a client may be an Ordinary Member at any given time. Where more than one person claims to be the presentative of a client, the Board of Directors will determine in its sole discretion which person will be eligible to apply to be an Ordinary Member.

To apply for an Associate Membership for yourself, or your organisation, please complete the Organisational Associate Membership or Personal Associate Membership form.

Member details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  | Full name |  | | | Please tick this box if you do not wish to receive regular updates via email |
| Email | | |  | | |
| Telephone | | | Mobile | Home | Work |
|  |  |  |
| Residential address | | |  | | | |
| Postcode |  | State |  |
| Postal address  (If different from above) | | |  | | | |
| Postcode |  | State |  |

Eligibility

I am eligible for Ordinary Membership because (select one)

|  |  |  |
| --- | --- | --- |
|  | I am a client | |
|  | I am the primary carer of a client. Client’s name | |
|  | I am the nominated representative of a client aged 18 years or older | |
| Client name       Signature of client |  |

Authorisation

|  |  |
| --- | --- |
|  | I consent to being an Ordinary Member of the Autism Association of South Australia (Autism SA). |

This application is unconditional, and I authorise Autism SA to register me as an Ordinary Member and agree to be bound by its Constitution. I understand that by agreeing to be an Ordinary Member of Autism SA I also provide a guarantee of $1.00 in respect of my membership which only needs to be paid in the event of the company winding up.

I will notify Autism SA in writing of any change to the above details within one month of the change.

|  |  |
| --- | --- |
| Signature | Date |

**Privacy statement:** Your privacy is important to us and we are committed to the ethical collection and handling of your personal details. We will keep you informed of our activities, but if you do not wish to be contacted in the future, please tick the box above and return this form to us.

**Complete and return to Autism SA at the mailing address below, or email to** [**admin@autismsa.org.au**](mailto:admin@autismsa.org.au)**.**