



## JOIN NOW & RECEIVE THE FOLLOWING BENEFITS:

- ✓ Quarterly news and monthly e-alert
- ✓ Use of ABIA Resource Centre
- ✓ Parent coffee/information mornings
- ✓ Discount registration to seminars, workshops, education programs
- ✓ Information and support on ABA

## TAX INVOICE (ABN 85 182 741 277)

COMPLETED MEMBERSHIP FORM CONSTITUTES A TAX INVOICE FOR GST - PLEASE RETAIN A COPY FOR YOUR RECORDS

*Privacy & confidentiality: ABIA assures that all personal information is securely stored and used only by our organisation for member communications. Committing to an annual membership indicates consent to receive email alerts and ABIA quarterly news.*

Name .....

Organisation .....

Child's Name ..... Age .....

Address .....

.....

..... Postcode .....

Home ..... Business ..... Mobile .....

Email .....

## HOW TO PAY

I enclose a cheque/money order made payable to ABIA

By Electronic Funds Transfer:

Account name: ABIA; BSB: 013 440; Account number: 354057442  
Please include name as reference and email remittance to info@abia.net.au

Please debit my card:  VISA \*\*  MASTERCARD \*\*  
\*\* incurs 1% surcharge

Card number \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Exp Date: \_\_\_\_ / \_\_\_\_

Name on Card .....

Signature .....

## ANNUAL MEMBERSHIP FEES

**(Concession rates will be negotiated for parents/carers experiencing financial hardship. Membership renewals are due every 12 months. Price includes GST)**

Parent / Carer	\$ 50.00
Student / Therapist	\$ 45.00
Sole Practitioner (1-5/small practice)	\$ 70.00
Other (Educational Org (kinder, school), Community Org / Govt Dept)	\$ 120.00

***I would like to make a donation to support ABIA*** \$ .....

*(Donations to ABIA are tax deductible. A receipt is issued for amounts of \$2.00 or more.)*

**TOTAL PAYMENT** \$ \_\_\_\_\_

***Please forward your completed form to ABIA***

***Post: PO Box 239, Canterbury, VIC 3126; Fax: (03) 9830 0211; Scan/Email: info@abia.net.au***