



A0027475H

A.B.N. 16 523 652 920

P.O. BOX 117 MOE 3825

APPLICATION FOR MEMBERSHIP

TAX INVOICE

Changes to the form as of November 23
More changes

(Please Circle)

Full Name /s:

.....
.....
.....

Person designated to vote (please print):

.....

Signed:.....

Date:.....

Address:

.....
.....

Email Address:

.....

Phone:.....

☐ I / we are living with ABI

☐ I / we are supporting community member/s

☐ I / we represent a supporting organisation

☐ Other. Please specify:

.....

Nominated by Financial Member: Name:

Signed:.....

I/we give permission for photographs taken at
Headway Gippsland Inc activities to be used in
media and promotion

Membership subscription for 2017/2018

Individuals..... \$ 10.00

Families.....\$ 15.00

Organisations....\$ 20.00

Donations can be made at any time and are tax deductible if over \$2 under the income tax
assessment act 1997 Section 45-30B.

Donation Amount: \$.....

Authorised by Board of Management

Receipt No.....

Date:/...../.....

Signed:

Please tick any boxes that apply to you:

Currently utilise Headway Gippsland ABI
Support Services.

☐ Currently utilise Headway Gippsland Carer
Support Services.

☐ Interested in all Headway Gippsland
Services.

☐ Interested in supporting people with ABI
as a volunteer.

☐ Interested in supporting Headway
Gippsland Fund-raising activities.

☐ Interested in being a volunteer on the
Board of Directors.

☐ I have ABI and need help.

☐ I am a carer needing help.

I give permission for my details to be given to
appropriate staff / board directors in order to
facilitate the above:

Signed: