

Membership Application

For the period of 01 July 2021 - 30 June 2022

New Application

Renewal

Q1 Membership Category	
<input type="checkbox"/> Category A Go to Q2	Organisational Membership \$ 22.00
<input type="checkbox"/> Category B Go to Q3	Individual Membership
	<input type="checkbox"/> Unwaged or Pensioners \$ 2.20
	<input type="checkbox"/> Waged \$ 5.50

Q2 For Organisational Members (Category A)	
Please ensure ALL questions are answered	
Organisation Name *	_____
Name of the Delegate *	_____
Address *	_____ Post Code * _____
Mobile *	_____ Email * _____

Eligibility	
Do you agree to be bound by the ADSI Constitution?	<input type="checkbox"/> Y <input type="checkbox"/> N
Is the organisation community based or a not-for-profit?	<input type="checkbox"/> Y <input type="checkbox"/> N
Is the organisation incorporated with NSW Fair Trading?	<input type="checkbox"/> Y <input type="checkbox"/> N Incorporation # _____
Is the organisation registered with ASIC?	<input type="checkbox"/> Y <input type="checkbox"/> N ACN _____
Is the organisation registered with ATO for an ABN?	<input type="checkbox"/> Y <input type="checkbox"/> N ABN _____
Have you provided ADSI a copy of your Constitution?	<input type="checkbox"/> Y <input type="checkbox"/> N
Is the organisation registered with ACNC?	<input type="checkbox"/> Y <input type="checkbox"/> N
Is your Constitution available on the ACNC website?	<input type="checkbox"/> Y <input type="checkbox"/> N

Declaration of the Authorised Person (Officer Bearers, Board Members or CEO)	
Name *	_____ Position * _____
Signature *	_____ Date * _____

Q3 For Individual Members (Category B)

Please ensure ALL questions are answered

Name * Mr/ Mrs/Ms/Miss/Dr _____

Address * _____

Mobile * _____ Email * _____

Eligibility

Are you over 18 when filling out this Application Form? Y N

Do you agree to be bound by the ADSI Constitution? Y N

Declaration of the Applicant

Signature * _____ Date * _____

Q4 Payment Options

Please ensure your payment is received on/before 30 September every year

Cheque / Money Order / Cash is enclosed In the value of \$ _____ via mail to
Accessible Diversity Services Initiative Limited, PO Box 788, AUBURN NSW 1835

EFT to BSB 062-107 | A/C 1009 6292 In the value of \$ _____
Reference _____

Office Use Only

Administration/Finance

<input type="checkbox"/> Fee Received Initial _____ Date _____	<input type="checkbox"/> Reconciled Initial _____ Date _____	<input type="checkbox"/> Database Initial _____ Date _____	<input type="checkbox"/> Approved Initial _____ Date _____
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Company Secretary

Verified
Signature _____ Date _____