

Membership Application

For the period of 01 July 2023 - 30 June 2024

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 _____ |
|--|--|--|--|

Company Secretary

Verified
Signature _____ Date _____