



Application for Membership of Minda Association

Member Details (please use block letters)

Title	First and Second Names	Surname
Private address		
Business or		
Postal address		
Business Phone		Home Phone
Mobile		Email
Fax		Website
Date of Birth	/ /	Occupation
Marital Status		Spouse name

Preferred way to receive Association information / communication (Please tick)

Via Post

Via email (Please list email address if different to above) _____

(EXTRACT FROM RULES OF ASSOCIATION, 23 OCTOBER 2005)

5.2 Ordinary Members

The following persons will be Ordinary Members of the Association:

- (a) any person **qualifying as a Family Member** who makes application for membership;
- (b) any person **who is nominated by two or more financial Members and who is accepted by the Board for membership**; and
- (c) any person who is an existing Member of the Association as at the date of adoption of these rules.

5.3 Annual Subscription

In accordance with Rules of Minda Incorporated as at 23 October 2005.

Notes

- * **“Family member”** means a financial member of the Association listed on the Register who is a parent, brother, sister or the guardian of, or the person who stands in loco parentis to, a person with an intellectual disability to whom the Association provides services or facilities; and
- ** **“Non Family members”** need to be nominated by two or more financial Members.
- * **Family member** please complete pages 1, 2 and 4.
- ** **Non Family member** please complete pages 1, 3 and 4.

I HEREBY apply for membership of the Minda Association for the period **1 July 2009 to 30 June 2010** and enclose annual payment herewith. (payment details on page 4.)

I HEREBY AGREE to be bound by the Rules of Minda Incorporated currently in force, or as amended from time to time.

I further DECLARE:

I am over 18 years of age and a **FAMILY MEMBER** applicant YES/NO

If YES, please provide name(s) and details (below) of the person(s) with an intellectual disability to whom Minda provides services or facilities.

Title	First and Second Names	Surname
-------	------------------------	---------

Relationship of member to above eg., mother, father, brother _____

Services or facilities received (please tick)

- | | |
|-----------------------------------------------------|---------------------------|
| Accommodation - Brighton Campus | Accommodation - Community |
| Day Options | Respite |
| Disability Enterprises (formerly Business Services) | other – please specify |

Title	First and Second Names	Surname
-------	------------------------	---------

Relationship of member to above eg., mother, father, brother _____

Services or facilities received (please tick)

- | | |
|-----------------------------------------------------|---------------------------|
| Accommodation - Brighton Campus | Accommodation - Community |
| Day Options | Respite |
| Disability Enterprises (formerly Business Services) | other – please specify |

Title	First and Second Names	Surname
-------	------------------------	---------

Relationship of member to above eg., mother, father, brother _____

Services or facilities received (please tick)

- | | |
|-----------------------------------------------------|---------------------------|
| Accommodation - Brighton Campus | Accommodation - Community |
| Day Options | Respite |
| Disability Enterprises (formerly Business Services) | other – please specify |

INTERACTION

Association members are eligible to subscribe to Interaction at a reduced fee of \$20.00 for four issues per year.

Interaction is the premier journal in Australia with a focus on issues affecting people with intellectual disability and their families. Topics covered include employment; education and accommodation.

Payment Details

Minda Association membership **per person** \$20.00 (inc GST)
Subscription to Interaction magazine \$20.00 (inc GST)

Total amount enclosed \$.....

Cash Cheque Money Order Visa Mastercard

Name on credit card _____ Expiry Date ____/____

Your application as a new non-family member of the Minda Association will be acknowledged upon receipt and forwarded to the next available Board meeting for consideration.

Membership ID _____ Receipt Number _____ (office use)

ONLY FINANCIAL MEMBERS ARE ELIGIBLE TO VOTE AT THE 2009 AGM

**Please return all 4 pages
(signed and completed) to:**

The Public Officer
Minda Incorporated
PO Box 5
BRIGHTON SA 5048.

Signed: _____

Date: _____