



## Autism Northern Territory Inc.

(incorporated under the Associations Incorporation Act 2009)

### Application for Membership of the Association

Name: .....  
[full name of applicant]

Address: .....  
[address]

Email: ..... Phone: .....  
[email address] [contact number]

I ..... acknowledge that I am over the age of 18 and hereby apply to become a  
[name of applicant]  
member of the Association.

In the event of my admission as a member, I agree to be bound by the constitution of the association for the time being in force. Further you permit the Association to enter your details on a database and to communicate with you from time to time.

Signature: ..... Date: .....  
[signature of applicant] [date signed]

I .....  
[proposer name]  
member of the association, nominate the applicant for membership of the association.

Signature: ..... Date: .....  
[signature of proposer] [date signed]

I .....  
[seconder name]  
member of the association, nominate the applicant for membership of the association.

Signature: ..... Date: .....  
[signature of seconder] [date signed]

✂.....

TAX INVOICE  
Autism Northern Territory Inc. ABN: 36 948 506 326

Membership Fee: \$2 (Inc GST)

Received:...../...../.....

Signed:.....

Office: Shop 10D Goyder Centre, 25 Chung Wah Tce, Palmerston NT 0830  
Phone: (08) 8948 4424  
Email: [autismnt@autismnt.org.au](mailto:autismnt@autismnt.org.au)  
[www.autismnt.org.au](http://www.autismnt.org.au)