**Application to be an Individual member**

**The New South Wales Council for Intellectual Disability.**

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|  | Your name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Email \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **Membership Agreement**  I have read and understood CID’s Ethical Framework and I agree to follow the Ethical Framework as a member of CID.  You can read the Ethical Framework of our website [Ethical Framework - Council for Intellectual Disability (cid.org.au)](https://cid.org.au/resource/ethical-framework/) or contact CID for a copy. |
|  | My signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| See the source image | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Membership payment**

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|  | CID has different types of membership.  Tick the box next to the membership you want to apply for. |
|  | Person in paid work **$35**  Includes GST |
|  | Person not in paid work **$15**  Includes GST |
|  | Person with intellectual disability **Free** |

This form will be a **tax invoice** when you make your payment.

**Tick how you will pay**

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|  | **Online (EFY)**  Pay the membership fee to  **Account name** NSW Council for Intellectual Disability  **BSB** 062 003  **Account Number** 10012767 |
|  | Credit Card  When we get this form we will send an invoice to tell you how to pay by credit card |
|  | Email the membership form to [info@cid.org.au](mailto:info@cid.org.au) |
| C:\Users\linda\Downloads\medium-Public%20service%20-%20Post%20office%20and%20boxes%20-%20Photo%20credit%20Council%20for%20Intellectual%20Disability%20-%208 (1).jpg | Post to Council for Intellectual Disability  Level 2, 418A Elizabeth St,  Surry Hills 2010 |
|  | When we get the form The Board will decide if you can be a member.  CID will tell you what the Board decides. |