

Individual Membership Application Form

This document will become a **tax invoice** when you make your payment.



Your name _____

Address _____

State _____ **Postcode** _____

Telephone _____

Email _____

Membership Agreement



I agree with the Principles and Objectives of
NSW CID.

My name:

My signature:.....

Date:

Membership types

Please select the category that applies to you.

Membership Types	Annual	Select Category
Individual – in paid work	\$35 (Including GST)	
Individual – not in paid work	\$15 (Including GST)	
Person with an intellectual disability	Free	



Please tick how you would like to pay:

- EFT Cheque Credit card



Pay by Electronic Funds Transfer

Account name NSW Council for Intellectual Disability

BSB 062 003 **Account Number** 10012767

Reference –please use your name



Payment by Credit Card

When we receive this form we will send you an invoice with a link to pay by credit card.

Support of Membership

NSW CID asks you to get two members of NSW CID to sign this form. This shows that they support your application.

If you do not know any members, please still send this form to us.

Supporters

1. Name:

Signature:

Date:

2. Name:

Signature:

Date:

Please return this form by email to: info@nswcid.org.au

Or post it to: NSW Council for Intellectual Disability
Level 2, 418A Elizabeth St, Surry Hills 2010