

## 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 have read and understood CID's Ethical Framework and I agree to follow the Ethical Framework as a member of 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 – <b>not</b> 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

CID asks you to get two members of 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@cid.org.au](mailto:info@cid.org.au)

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