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 www.scia.org.au  
 ABN 93 001 263 734  
 CFN 12817

## Membership Application Form

*Spinal Cord Injuries Australia (SCIA) has a vision for an Australian culture that embraces people with disabilities and encourages them to participate equally in social and economic life.*

Members are eligible to vote 6 months after a membership application is approved. Subscriptions become due after February 28 each year. If a membership application is approved after December 31, the annual subscription fee will not become due until February 28 the following year.

MR/MRS/MISS/COMPANY: \_\_\_\_\_

RESIDENTIAL OR BUSINESS ADDRESS (required): \_\_\_\_\_

STATE \_\_\_\_\_ POSTCODE: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

PHONE (HOME): (\_\_\_\_) \_\_\_\_\_ (BUSINESS): (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ OCCUPATION: \_\_\_\_\_

DISABILITY & LEVEL (if applicable): \_\_\_\_\_ ONSET OF DISABILITY (if applicable) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I WOULD LIKE TO RECEIVE : **ACCORD**, THE ORGANISATION'S QUARTERLY MAGAZINE: YES  NO

**ANNUAL /FINANCIAL REPORT:** YES  NO

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME OF PROPOSER (please print): \_\_\_\_\_

SIGNATURE OF PROPOSER: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME OF SECONDER (please print): \_\_\_\_\_

SIGNATURE OF SECONDER: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Free introductory membership status until the next annual subscriptions become due will be granted to people with disabilities, their family members and carers who have not previously been members of Spinal Cord Injuries Australia

<b>Ordinary</b> (Pensioner): \$5.00	Membership Fee: \$ _____	Payment Enclosed: <input type="checkbox"/>
<b>Ordinary</b> (Non-Pensioner): \$10.00	Donation: \$ _____	Charge My Credit Card: <input type="checkbox"/>
<b>Corporate</b> : \$20.00	Total Remitted: \$ _____	Free Introductory Membership: <input type="checkbox"/>

**Method of Payment:** Cheque Money Order Mastercard Visacard Amex Bankcard Diners Club Cash

Card Number:

Name on Card: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_