

APPLICATION FOR MEMBERSHIP

Member Information			
Title (Mr/Mrs/Miss/Ms):		Date of birth:	
Full Name:			
Address:			
		Postcode:	
Phone:	(H)	(W)	(Mob)
Fax:		Email:	

This application form consists of two pages. Please make sure you read and complete both pages

Are you joining the Association to (please tick each reason that is relevant to you):	
<input type="checkbox"/>	Receive services and support
<input type="checkbox"/>	Receive the Association's magazine
<input type="checkbox"/>	Support the Association
<input type="checkbox"/>	Other (please specify):.....

Is English your first language?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No <i>If no, what is your first language?</i>
Are you of Aboriginal or Torres Strait Islander origin?	
<input type="checkbox"/>	Yes

Do you wish to receive the Association's bi-monthly magazine?	
<input type="checkbox"/>	Yes <i>Do you wish to (please tick one only):</i>
	<input type="checkbox"/> Receive a copy via post
	<input type="checkbox"/> Access it via our website
<input type="checkbox"/>	No

If you have a disability, how did you acquire it? (see Privacy Statement below)	

Privacy statement

Spinal Injuries Association Inc. complies with the National Privacy Principles. If you would like to obtain a copy of the Association's Privacy Policy, please contact us. We have asked you for your personal information so that we can assess your needs and provide you with the most appropriate Member Services. The information you have provided on this form will be kept confidential.

V6 Issued 170908

BRISBANE

Tel 07 3391 2044 109 Logan Rd, Woolloongabba Q 4102
 Fax 07 3391 2088 PO Box 5651, West End Qld 4101
 Email enquiries@spinal.com.au

TOWNSVILLE

Tel 07 4755 1755 488 Ross River Rd, Townsville Q 4814
 Fax 07 4723 8677 PO Box 618, Aitkenvale BC Qld 4814
 Email nqenquiries@spinal.com.au

TYPES OF MEMBERSHIP AND FEES: (Please tick the type of membership for which you are applying)

Ordinary member: Annual subscription fee \$15, concession \$10*

To be eligible you must be at least 18 years of age and reside in Queensland, and you must have a primary disability that is due to an acquired spinal cord injury, either by accident or disease (which includes a person who has had polio).

Please identify your primary disability:

<input type="checkbox"/>	Quadriplegia	Level:	
<input type="checkbox"/>	Paraplegia	Level:	
<input type="checkbox"/>	Post polio		
<input type="checkbox"/>	Transverse myelitis	Level:	

Associate member: Annual subscription fee \$15, concession \$10*

Any person is eligible; however, associate members do not have the right to vote.
Do you have a disability? Eg: MS, acquired brain injury or other neurological disability

<input type="checkbox"/>	Yes	Please specify	
<input type="checkbox"/>	No		

Life member: (One-off subscription fee, \$500)

To be eligible you must be an ordinary member (or you must be eligible to apply for ordinary membership and you must identify your type of disability above)

Please note that annual membership is renewable by 30 June each year

*Concession rates are available to anyone issued with a government entitlement card

METHOD OF PAYMENT

<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Money Order	<input type="checkbox"/>	Mastercard	<input type="checkbox"/>	Visa	<input type="checkbox"/>	
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Credit Card Number:		Expiry Date:	
Card Holder's Name:		CCV *	
Amount Payable:		<small>* 3 digit code found on back of credit card</small>	

Please make Cheques payable to "Spinal Injuries Association"

I agree that the information contained in this application is true and correct. I hereby apply for membership and agree to abide by the rules of the Association.

This form must be signed by or at the direction of the applicant (or by the applicant's guardian if the applicant is less than 18 years of age).

Signature:		Date:	
<i>If signed by someone other than the applicant please print name</i>		Name:	

Public liability insurance

Please note that Spinal Injuries Association Inc. has public liability insurance. The amount of the insurance is \$20,000,000.