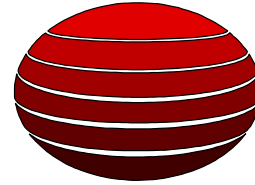


# ADASA



ATTENTION DISORDER ASSOCIATION OF SOUTH AUSTRALIA Inc.

302 South Road, Hilton. 5033

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ABN: 32 351 699 079

Information & Support Line / Office

(08) 8152 0187

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## **TAX INVOICE** **MEMBERSHIP APPLICATION/DONATION FORM**

Membership of ADASA is open to Individuals, Professionals, Community agencies & Teachers at a nominal fee.

Membership Rates apply for attendance at our workshops/seminars for 2009/2010

Members have free access to, Library and the data base information history maintained, we can email this to you upon request, as a Charity we need to ensure future Mail outs are to Members so as to reduce our costs, so please because you have shown an interest join to help us provide this essential information and updates to existing members and New enquiries

Prof/Dr/Mrs/Ms/Miss/Mr

Date...../...../...2009....

First name: .....Last name: .....

Address.....

Suburb.....State.....Postcode.....

Occupation .....Telephone...../.....

E-mail: ..... Mobile: .....

I wish to Apply/Renew for membership of ADASA for the Financial Year 2009 – 2010

Individual Membership \$25.00 (inc GST) \$.....

Concession, Health Care Card holder and Pension \$15.00 (Inc GST) \$.....

Schools & Community Agency and Professional Membership,  
\$100.00 (Inc GST) \$.....

**Please accept my tax deductible donation of:** \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

Please find enclosed my cheque/money order/cash \$.....

Signature.....

Date / /