

MEMBERSHIPS

HEADWAY ADP INCORPORATED
ABN 39 140 479 013

Application/Renewal of Membership

Type Of Membership: (Tick whichever is applicable) **New Application** **Renewal**

I, _____ of _____
(Full name of applicant/organisation) (Address)

Postcode: _____

Telephone: () _____ Email: _____

Occupation: _____ Employer: _____

Member of the above named incorporated association under the category of: *(Please tick one box only)*

- Person with a head injury or other forms of acquired brain injury.
 Carer or family of a person with head injury or other forms of acquired brain injury.
 Other interested individuals.
 Organisation

In the event of my admission as a FULL member;

I agree to be bound by the Rules of the Association for the time being in force.

Signature Of Applicant: _____ Date: /

FEES:	People with an ABI & Their Carers	FREE
	Other Interested Parties	\$10.00 per year
	Organisations	\$20 per year

Please Note:

Annual subscription fee is payable on or by 30th June each year. Under Association Rules, membership terminates for non-payment of fees within three (3) calendar months of 30th June.

AGM attendance is open only to financial members (ie persons who have renewed annual subscription, or whose application for membership has been accepted by the Committee of Management, not later than the regular general Committee meeting at least 28 days prior to the AGM.

At Special or Annual General Meetings of the Association, Associate members may be heard on matters before the Chair but not participate in voting on any matter before the Meeting.

New Members

Proposer: _____ Second: _____

Date Accepted: / Fees Due By: / Total Amount Due: \$ _____

If you have any queries please feel free to contact us on (02) 9790 0046 or email us at: admin@headwayadp.org.au