

APPLICATION FOR MEMBERSHIP OF MINDA ASSOCIATION



MEMBER DETAILS *(Please use block letters)*

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Title	First and second names	Surname
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Private address:

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Postal address:

Business Phone: Home Phone:

Mobile: Fax:

Email: Website:

Date of Birth: Occupation:

Marital Status: Spouse name:

PREFERRED METHOD OF COMMUNICATION *(Please tick)*

Via Post Via Email Email address if different from above:

EXTRACT FROM CURRENT RULES OF ASSOCIATION

5.2 Ordinary Members

- (a) Subject to paragraphs (b) and (c), the following persons will be eligible to be Ordinary Members of the Association:
- (i) any person qualifying as a Family Member who applies for membership;
 - (ii) any person who is nominated by two or more Financial Members and who is accepted by the Board for membership; and
 - (iii) any person who is an existing Association Member of the Association as at the date of adoption of these Rules.
- (b) No person who is nominated to be a Member under paragraphs (a) (ii) can become a member unless their application has been approved by the Board.
- (c) A person who applies or is nominated to be a Member under paragraphs (a) (i) or (ii) will not be eligible to vote at a General Meeting unless the Board has approved or noted their membership at least one month prior to the General Meeting.

5.3 Annual Subscription

In accordance with current Rules of Minda Incorporated.

Notes

- * **"Family member"** means a Financial Member of the Association listed on the Register who is a parent, brother, sister or the guardian of, or the person who stands in loco parentis to, a person with an intellectual disability to whom the Association provides services or facilities.
- ** **"Non Family member"** must be nominated by two or more Financial Members.
- * **Family member** please complete pages 1, 2 and 4.
- ** **Non Family member** please complete pages 1, 3 and 4.

I HEREBY apply for membership of the Minda Association for the current financial year and enclose annual payment herewith (payment details on page 4).

I HEREBY AGREE to be bound by the current Rules of Minda Incorporated, or as amended from time to time.

I further DECLARE:

I am over 18 years of age and a **FAMILY MEMBER** applicant: YES NO

If YES, please provide name(s) and details (below) of the person(s) to whom Minda provides services or facilities:

.....
Title First and second names Surname

Relationship of member to above e.g. parent, brother, sister, guardian:

Services or facilities received (please tick):

- | | |
|---|--|
| <input type="checkbox"/> Accommodation - Minda Brighton | <input type="checkbox"/> Accommodation - Community |
| <input type="checkbox"/> Day Options / MyPATH | <input type="checkbox"/> Respite |
| <input type="checkbox"/> Supported Employment | <input type="checkbox"/> Other - please specify |

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Title First and second names Surname

Relationship of member to above e.g. parent, brother, sister, guardian:

Services or facilities received (please tick):

- | | |
|---|--|
| <input type="checkbox"/> Accommodation - Minda Brighton | <input type="checkbox"/> Accommodation - Community |
| <input type="checkbox"/> Day Options / MyPATH | <input type="checkbox"/> Respite |
| <input type="checkbox"/> Supported Employment | <input type="checkbox"/> Other - please specify |

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.....
Title First and second names Surname

Relationship of member to above e.g. parent, brother, sister, guardian:

Services or facilities received (please tick):

- | | |
|---|--|
| <input type="checkbox"/> Accommodation - Minda Brighton | <input type="checkbox"/> Accommodation - Community |
| <input type="checkbox"/> Day Options / MyPATH | <input type="checkbox"/> Respite |
| <input type="checkbox"/> Supported Employment | <input type="checkbox"/> Other - please specify |

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If applying for membership of the Minda Association and you are **NOT** a family member of a person receiving a service from Minda, then please complete the following information (including two nominations from financial Association members).

I HEREBY apply for membership of the Minda Association for the current financial year and enclose annual payment herewith (payment details on page 4).

I HEREBY AGREE to be bound by the current Rules of Minda Incorporated, or as amended from time to time.

I further DECLARE:

I am over 18 years of age and a **NON-FAMILY MEMBER** applicant: YES NO

If YES, please indicate below in the space provided your reasons for applying for membership and nominee details of two financial members of the Minda Association.

NEW MEMBERSHIP DETAILS *(Non-family member applicants only)*

Reasons for applying for Membership of the Minda Association:

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NOMINEE 1

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Title	First and second names	Surname

being a financial member of the Association:

Signature of nominee 1

NOMINEE 2

.....
Title	First and second names	Surname

being a financial member of the Association:

Signature of nominee 2

ONLY FINANCIAL MEMBERS ARE ELIGIBLE TO VOTE AT THE NEXT AGM

I HEREBY apply for membership of the Minda Association for the current financial year and enclose annual payment herewith.

I HEREBY AGREE to be bound by the current Rules of Minda Incorporated, or as amended from time to time.

I further DECLARE:

I am over 18 years of age: YES NO

Signed:

Date:

Please return signed and completed to:
The Public Officer
Minda Incorporated
PO Box 5
BRIGHTON SA 5048

PAYMENT DETAILS

Minda Association membership **per person** \$30.00 (inc GST)

Cash Cheque / Money Order (Payable to Minda Incorporated) Visa Mastercard

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Name on credit card:..... Expiry date:..... /

OFFICE USE ONLY

Membership ID:

Rel #:

Batch Number: