

Membership application form

For the year to June 2018



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Membership is for the Australian Infant, Child, Adolescent and Family Mental Health Association (ABN 87 093 479 022) trading as Emerging Minds. All information supplied on this form will be kept confidential. The Association may from time to time release the name and contact phone number of members to people for professional purposes only. If you would prefer that none of your contact information is released, please indicate this below.

I do not consent to the release of any of my contact details for any purpose.

Contact details (Please complete this section using your preferred contact details)

Title _____

Name _____

Position _____

Organisation _____

Address _____

State _____ Postcode _____ Country _____

Telephone _____ Facsimile _____

Email address _____

Email list/s

- I am a member of an Emerging Minds eNews list
- Please add me to the Emerging Minds eNews list

Payment details

Enclosed is my: Cheque (*payable to AICAFMHA*)
 Money order

OR Please charge my credit card:

- Visa
 Mastercard

Membership Rate (rates include GST)

- Consumer/Carer/Youth/Student **\$22.00**
- Professional **\$49.50**
- Organisation **\$99.00**

Credit card charge amount \$ _____

Full name of cardholder _____

Card number _____ - _____ - _____ - _____

Valid from ____ / ____ / ____ Expiry ____ / ____ / ____

Signature of card holder _____ Date ____ / ____ / ____