



Section 1 – Membership Type (tick one)

- MEMBERSHIP FEES:  Ordinary Membership FREE for individuals with a disability or their families
- Associate Membership \$20 per annum – EG Carer Support / Respite / Therapists or affiliated professional services
- Financial Membership \$10 per annum (per person)– For individuals and carers who intend on borrowing from our Therapy Aid & Equipment (TAE) Library, or families who are seeking assistance via our Therapy Programs, Parent Workshop Programs or seeking assistance to obtain equipment\*
- Financial Membership (Family) \$30 per annum. For people wishing to attend as members, siblings and parents.

(\*conditions apply - Each applicant must complete an application process, which accompanies supporting documentation from a therapist as to the merit of obtaining such equipment, and must have exhausted all other funding avenues... this is intended as a last resort for families who just can not obtain equipment any other way.)

SECTION 2A – FAMILY CONTACT DETAILS

PARENT/GUARDIAN (1) FULL LEGAL NAME: \_\_\_\_\_

PARENT/GUARDIAN (2) FULL LEGAL NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

POSTAL ADDRESS (IF DIFFERENT FROM HOME): \_\_\_\_\_

SUBURB/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ P/CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DOB: \_\_\_\_\_

FAMILY MEMBER'S NAMES:

\*Please note: email addresses will be used to inform you of important news, upcoming events, safety & workshop training and useful information. Personal details will not be distributed to 3<sup>rd</sup> parties or used inappropriately.

PHONE (H) \_\_\_\_\_ PHONE (W) \_\_\_\_\_

FAX: \_\_\_\_\_ PHONE (M) \_\_\_\_\_

SECTION 2B – DETAILS OF PERSON DIAGNOSED

FULL LEGAL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_ GENDER: MALE / FEMALE

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

Other information - \_\_\_\_\_

PAYMENT METHOD:

Cash/EFT

Cheque (Payable to All Abilities Mackay Inc)

Total Fee \$ \_\_\_\_\_

Our ref: Membership No: \_\_\_\_\_

NB – We can take credit card payment... Please phone for further details.

OUR BANK DETAILS:

ANZ

ALL ABILITIES MACKAY INC.

BSB 014-640

ACCOUNT 2102-98132

YOUR REFERENCE: FAMILY NAME (please email proof of payment to [admin@allabilitiesmackay.org.au](mailto:admin@allabilitiesmackay.org.au))