**AAHA Membership Application** 

Being a member of AAHA provides numerous discounts on our services during the year and access to current information relevant to families and individuals with an interest in Autism. Your membership assists us to provide better services to a wider range of people living with ASD.

***AAHA Membership Benefits include:***

* Discounts on our Seminars and Workshops
* Regular Newsletter – *AAHA News*
* Information on seminars, workshops and upcoming events.
* Access to the ‘membership login area’ to our web site which provides access to our Annual Reports, publications, online Library, access to research and international reports.
* AGM Voting Choice gives those Members that choose an ability to vote on the Path of AAHA.

Once we receive your membership application, it will be presented to AAHA’s Board at the monthly meeting. Upon approval of your application, a membership pack will be sent out to you and you will receive login details for the member’s area.

**AAHA Membership Costs per annum**:

Single Members $30.00

Family (2 adults & all children at same address) $45.00

Professionals $40.00

**Member Details**

**Do you want to be a voting Member: Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_**

A voting member is a member that has the ability

to vote at Annual General Meetings

effecting the direction of AAHA

Please note: A voting Member is bound to vote at the AGM or pass their Proxy on to a current member or Board Member of AAHA registering your opinion.

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| **Email Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Membership Type** Single\_\_\_\_\_\_\_\_\_\_Family\_\_\_\_\_\_\_\_\_\_\_\_\_\_Professional\_\_\_\_\_\_\_\_ |  |
| **Personal Details** |
| Title \* |  |
| First Name \* |  |
| Last Name \* |  |
| Occupation \* |  |
| **Spouse/Partner Details (if Family Membership)** |
| Title: |  |
| First Name: |  |
| Last Name: |  |
| Occupation: |  |
| **Your Contact Details** |
| Address: |  |
| Suburb: |  |
| State: |  |
| Postcode: |  |
| Country: | Australia |
| Telephone (Home): |  |
| Telephone (Work): |  |
| Mobile: |  |
| **Details of Family Member with Autism** |
| **First Name:** |  |
| **Last Name:** |  |
| **D.O.B:** |  |
| **Gender:** |  |
| **Diagnosis:** |  |
| **Relationship to member:** |  |
| **Languages spoken at home:** |  |
| **Organisation/Professional Details**Professional Membership Only - please fill in this section |
| Name: |  |
| Address: |  |
| Suburb: |  |
| State: |  |
| Postcode: |  |
| Country: | Australia |
| Telephone (Work): |  |
| ABN Number: |  |

 Organisation where Employed:

 Address:

 Prime Business: