



# Application for Membership of Minda Association 2011 to 2012

## Member Details (Please use block letters)

Title	First and second names	Surname
Private address		
Postal address		
Business Phone		Home Phone
Mobile		Fax
Email		Website
Date of Birth	/ /	Occupation
Marital Status		Spouse name

Preferred way to receive Association information / communication (Please tick)

Via Post

Via email \_\_\_\_\_  
 (Please print email address if different to above)

*(EXTRACT FROM RULES OF ASSOCIATION, 19 April 2011)*

### 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 2 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 Rules of Minda Incorporated as at 19 April 2011.

#### 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; and
- \*\* **“Non Family members”** need to 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 period **1 July 2011 to 30 June 2012** and enclose annual payment herewith (payment details on page 4).

I HEREBY AGREE to be bound by the Rules of Minda Incorporated currently in force, 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) with an intellectual disability to whom Minda provides services or facilities.**

Title	First and second names	Surname
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**Relationship of member to above eg., mother, father, brother** \_\_\_\_\_

Services or facilities received (please tick)

- |                                 |                           |
|---------------------------------|---------------------------|
| Accommodation - Brighton Campus | Accommodation - Community |
| Day Options                     | Respite                   |
| Commercial Enterprises          | other – please specify    |

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Title	First and second names	Surname
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**Relationship of member to above eg., mother, father, brother** \_\_\_\_\_

Services or facilities received (please tick)

- |                                 |                           |
|---------------------------------|---------------------------|
| Accommodation - Brighton Campus | Accommodation - Community |
| Day Options                     | Respite                   |
| Commercial Enterprises          | other – please specify    |

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**Relationship of member to above eg., mother, father, brother** \_\_\_\_\_

Services or facilities received (please tick)

- |                                 |                           |
|---------------------------------|---------------------------|
| Accommodation - Brighton Campus | Accommodation - Community |
| Day Options                     | Respite                   |
| Commercial Enterprises          | other – please specify    |

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## INTERACTION

Association members are eligible to subscribe to Interaction at a reduced fee of \$20.00 for four issues per year.

Interaction is the premier journal in Australia with a focus on issues affecting people with intellectual disability and their families. Topics covered include employment; education and accommodation.

### Payment Details

Minda Association membership **per person** \$20.00 (inc GST)  
Subscription to Interaction magazine \$20.00 (inc GST)

Total amount enclosed \$.....

Cash    Cheque    Money Order    Visa    Mastercard

\_\_\_\_\_

Name on credit card \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_

***Your application as a new non-family member of the Minda Association will be acknowledged upon receipt and forwarded to the next available Board meeting for consideration.***

Membership ID \_\_\_\_\_ Batch Number \_\_\_\_\_ (office use)

**ONLY FINANCIAL MEMBERS ARE ELIGIBLE TO VOTE AT THE 2011 AGM**

**Please return all 4 pages  
(signed and completed) to:**

The Public Officer  
Minda Incorporated  
PO Box 5  
BRIGHTON SA 5048.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_