

2009 APPLICATION FOR MEMBERSHIP OF:

AADDS, Inc.

(Adult Attention Deficit Disorder Support, Inc)
PO Box 265, Gumeracha, SA, 5233

I,
(Full name of applicant)

If paying family membership please nominate all members

1.
2.
3.
4.

Of
(Address)

.....
(Suburb, State & Postcode)

..... desire to become a member of
(Telephone Number)

.....
(Name of the Association)

I understand that as part of my membership I will receive quarterly newsletters, receive various member discounts (where applicable), have full voting rights at meetings and am covered by insurance. In the event of my admission as a member I agree to be bound by the Constitution of the Association (copy of the constitution supplied on membership).

.....
(Signature of Applicant)

Date: / /

Do Not Mark Below This Line

OFFICE USE ONLY:

Membership No:

Please circle the one that applies:

Date of Entry in Register: / /

Family / Single Membership \$25.00

Date of ceasing to be member: / /

Employed / Unemployed / Pensioner \$14.50

Card No:
(Pensioners & Unemployed only)