

# APPLICATION FOR MEMBERSHIP OF MINDA ASSOCIATION



## 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 METHOD OF COMMUNICATION *(Please tick)*

☐ Via Post   ☐ Via Email   Email address if different from above: .....

### EXTRACT FROM CURRENT RULES OF ASSOCIATION

#### 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 two 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 current Rules of Minda Incorporated.

##### 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.
- \*\* "Non Family member" must 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 current financial year and enclose annual payment herewith (payment details on page 4).

I HEREBY AGREE to be bound by the current Rules of Minda Incorporated, 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) to whom Minda provides services or facilities:**

.....  
Title First and second names Surname

**Relationship of member to above e.g. parent, brother, sister, guardian:** .....

Services or facilities received (please tick):

- |   |  |
|---|--|
| <input type="checkbox"/> Accommodation - Minda Brighton | <input type="checkbox"/> Accommodation - Community |
| <input type="checkbox"/> Day Options / MyPATH           | <input type="checkbox"/> Respite                   |
| <input type="checkbox"/> Supported Employment           | <input type="checkbox"/> Other - please specify    |

.....

.....  
Title First and second names Surname

**Relationship of member to above e.g. parent, brother, sister, guardian:** .....

Services or facilities received (please tick):

- |   |  |
|---|--|
| <input type="checkbox"/> Accommodation - Minda Brighton | <input type="checkbox"/> Accommodation - Community |
| <input type="checkbox"/> Day Options / MyPATH           | <input type="checkbox"/> Respite                   |
| <input type="checkbox"/> Supported Employment           | <input type="checkbox"/> Other - please specify    |

.....

.....  
Title First and second names Surname

**Relationship of member to above e.g. parent, brother, sister, guardian:** .....

Services or facilities received (please tick):

- |   |  |
|---|--|
| <input type="checkbox"/> Accommodation - Minda Brighton | <input type="checkbox"/> Accommodation - Community |
| <input type="checkbox"/> Day Options / MyPATH           | <input type="checkbox"/> Respite                   |
| <input type="checkbox"/> Supported Employment           | <input type="checkbox"/> Other - please specify    |

.....

If applying for membership of the Minda Association and you are **NOT** a family member of a person receiving a service from Minda, then please complete the following information (including two nominations from financial Association members).

I HEREBY apply for membership of the Minda Association for the current financial year and enclose annual payment herewith (payment details on page 4).

I HEREBY AGREE to be bound by the current Rules of Minda Incorporated, or as amended from time to time.

**I further DECLARE:**

I am over 18 years of age and a **NON-FAMILY MEMBER** applicant: ☐ YES ☐ NO

If YES, please indicate below in the space provided your reasons for applying for membership and nominee details of two financial members of the Minda Association.

**NEW MEMBERSHIP DETAILS** *(Non-family member applicants only)*

**Reasons for applying for Membership of the Minda Association:**

.....

.....

.....

.....

.....

.....

.....

.....

.....

**NOMINEE 1**

.....

Title

.....

First and second names

.....

Surname

being a financial member of the Association: .....

Signature of nominee 1

**NOMINEE 2**

.....

Title

.....

First and second names

.....

Surname

being a financial member of the Association: .....

Signature of nominee 2

ONLY FINANCIAL MEMBERS ARE ELIGIBLE TO VOTE AT THE NEXT AGM

I HEREBY apply for membership of the Minda Association for the current financial year and enclose annual payment herewith.

I HEREBY AGREE to be bound by the current Rules of Minda Incorporated, or as amended from time to time.

I further DECLARE:

I am over 18 years of age: ☐ YES ☐ NO

Signed: .....

Date: .....

Please return signed  
and completed to:  
The Public Officer  
Minda Incorporated  
PO Box 5  
BRIGHTON SA 5048

PAYMENT DETAILS

Minda Association membership **per person**

☐ \$30.00 (inc GST)

Subscription to Link magazine

☐ \$29.70 (inc GST)

Subscription to Link magazine - Concession (Disability or Senior Pension)

☐ \$16.50 (inc GST)

Total amount enclosed

\$ .....

☐ Cash ☐ Cheque ☐ Money Order (Payable to Minda Incorporated) ☐ Visa ☐ Mastercard

..... / ..... / ..... / .....

Name on credit card:..... Expiry date: ..... / .....

OFFICE USE ONLY

Membership ID: .....

Rel #: .....

Batch Number: .....