

# Membership / Tax Invoice

Membership of The LEARN Foundation is open to parents, grandparents or guardians of children having a diagnosed Autism Spectrum Disorder, and aged 8 or younger.

**Please complete the following information to apply for Membership.**

## Personal details:

Mr/Mrs/Miss/Ms:

.....

Address:

.....

State:

Postcode:

.....

Email:

.....

Home Phone:

Mobile:

.....

Work Phone:

.....

## Details of family member with autism

(If more than one please attach further information)

Name:

.....

Date of Birth:

/

/

Gender (M/F):

.....

Diagnosis (e.g. Autism, Aspergers, PDD/NOS):

.....

Relationship to Member:

.....

## Payment

Please debit **\$75.00** from my  Visa  MasterCard

Card Number:

Expiry Date:

.....

Name on Card:

Signature:

.....

**LEARN** Foundation  
for Autism



A fundraising initiative of the LEARN Foundation for Autism Ltd

217 Canning Highway, East Fremantle 6158 / Telephone: (08) 9438 3800 Facsimile: (08) 9438 3200

[www.learnaustralia.org](http://www.learnaustralia.org)

ABN: 11 137 521 183