

Membership Renewal

**If you would like to continue your membership with WAiS, please pay the attached invoice and return this form to ensure your membership details are accurate for 2016-17. Thank you**

|  |  |
| --- | --- |
| Applicant name / Organisation |  |
| Address  |  |
| Mailing Address (if applicable) |  |
| Phone |  | Fax |  |
| E-mail |  | Web |  |

 Individual\* member Family member/ Carer\* Organisation

***Membership eligibility:*** *\* “Individual” means a person who has a disability, chronic illness or a mental illness, or a family member who is the carer of a person with a disability, chronic illness or a mental illness, or who is frail.*

**Contact Person:**

|  |  |
| --- | --- |
| Name |  |
| Position / Relationship to applicant |  |
| Phone |  | Email |  |

**Voting Representative:** (for WAiS AGM). This person will be eligible to vote at the WAiS AGM.

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Phone |  | Email |  |

**Additional people to be added to the WAiS mailing list:**

|  |  |
| --- | --- |
| Name  | Email  |
|  |  |
|  |  |
|  |  |
|  |  |

**If your annual income has changed please tick the appropriate box below and a new invoice will be emailed to your contact person.**

|  |  |  |
| --- | --- | --- |
| **Annual Funding Income** | **Annual Fee** | **Please tick** |
| Up to $1,000,000 | $750 |  |
| $1,000,000 to $5,000,000 | $1,500 |  |
| More than $5,000,000 | $2,500 |  |
| Unfunded / Associated Organisations | $375 |  |
| Individual\* | $100\*\* \*\*A concession rate may be applied at the discretion of WAiS CEO (if applicable).  |  |