

GPO Box 1822,
Adelaide SA 5000



THIS IS A TAX INVOICE
ABN: 81 788 977 930

Membership Application Form 2011–2012

Name/Organisation: _____

Nominated Representative: _____

Address: _____

_____ Post Code: _____

Telephone: _____ Fax: _____

Email: _____

ANNUAL MEMBERSHIP FEE

Large Organisations	Annual Budget \$100,001 or more	\$100
Small Organisations	Annual Budget less than \$100,000	\$ 30
Individual	Waged	\$15
Individual	Unwaged	\$ 2
Donation *		\$.....

Fee is based on financial year and is GST free.

* Homelessness SA receives no funding from the Government

To be a member of Homelessness SA, you must be:-

- An individual or,
- A non-Government organisation or,
- A Government agency whose purpose is direct service delivery,

And:

- Pay the applicable membership fee.
- Agree to the objects of Homelessness SA
- Have your membership approved by the Board of Homelessness SA.

I/We agree to the objectives of Homelessness SA.

Signed: _____

Date: _____

**** Please send original copy to Homelessness SA and make a photocopy to retain as your record of a tax invoice**