

Membership Application Form 2009-2010



GPO Box 1822, Adelaide, SA, 5001
Phone: (08) 82234077
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THIS IS A TAX INVOICE

ABN: 81 788 977 930

Name/Organisation: _____

Nominated Representative: _____

Address: _____

_____ Post Code: _____

Telephone: _____ Fax: _____

Email: _____

ANNUAL MEMBERSHIP FEE

Large Organisation	Annual Budget \$100,001 or more	\$100.00
Small Organisation	Annual Budget less than \$100,000	\$30.00
Individual	Waged	\$15.00
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.**