



Australian Council of Social Service

Associate Membership | Organisational and Individual | 2011-12

This form serves as a Tax Invoice on payment (ABN 72 757 927 533)

CONTACT DETAILS

Organisation Name: _____
Primary Contact: _____
Position: _____
Email Address: _____
Address: _____
Suburb: _____
State: _____
Post Code: _____
Telephone: _____
Fax: _____
Website: _____

Note: ACOSS Organisation Associate Membership Fees are progressive, based on your organisation's total income for the previous financial year – 2009-10. Please select from the table below the relevant fee level for your organisation.

MEMBERSHIP FEES FOR 2011-12 (fees include GST)

ORGANISATION

Total Income 2009-10	Fees	GST
Under \$550,000	\$230	\$20.90
\$550,000 - \$1m	\$310	\$28.18
\$1m - \$5m	\$550	\$50.00

Total Income 2009-10	Fees	GST
\$5m - \$10m	\$1000	\$90.90
\$10m plus	\$2000	\$181.82

INDIVIDUAL

Type	Fee	GST
Standard	\$150	\$13.63

Type	Fee	GST
Concession [#]	\$60	\$5.45

[#] Full-time students, pensioners and organisations staffed only by volunteers

Return this form to: ACOSS Memberships, Locked Bag 4777, Strawberry Hills, NSW, 2012 or Fax: 02 9310 4822

OFFICE USE ONLY: Date received: / /2011 Date banked: / /2011 Date entered: / /2011

PAYMENT DETAILS

ITEM (all prices include GST)	PRICE	QTY	TOTAL	
Membership – figure from table above			\$	
AJSI 12 month subscription – print (includes 25% discount)	\$150		\$	
AJSI 12 month subscription – electronic (includes 25% discount)	\$90		\$	

ADDITIONAL CONTRIBUTION TO SUPPORT ACOSS' WORK (TICK ONE)			
Individual			
<input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$350 <input type="checkbox"/> Other (please specify)			
Organisation			
<input type="checkbox"/> \$1000 <input type="checkbox"/> \$2000 <input type="checkbox"/> \$5000 <input type="checkbox"/> Other (please specify)		\$	
SUB TOTAL		\$	
Plus 1.4% surcharge on Sub Total if paying by American Express		\$	
TOTAL PAYABLE		\$	

- Cheque Money Order *Made payable to ACOSS*
 Direct deposit *BSB 062-033 Account number: 901648 (Include your Ref No)* *Date deposited: / /11*
 Visa MasterCard AMEX
(1.4% surcharge applies)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CCV (3 digit security code on reverse of card)

Name on card _____ Signature _____

For organisations only

Below is a list for other contacts you can include from your organisation – please update as necessary. This will help to ensure all our email correspondence is received within your organisation.

Name	Position	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

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