

APPLICATION FOR MEMBERSHIP

Please select the membership category you wish to apply for:

Tick ✓	Membership Category	Fee
	Annual VIP Membership (<i>with disability</i>)	\$ 50.00
	Annual Buddy Membership (<i>able bodied/carer/friend</i>)	\$ 75.00
	Annual Family Membership (<i>all immediate family members</i>)	\$ 100.00

Please select your payment method:

Tick ✓	Payment Method	Amount
	Please find cheque enclosed for the sum of:	\$
	Please find money order enclosed for the sum of:	\$
	Direct deposit to AMG bank account for the sum of: (<i>Refer bottom Page 2 of this form for payment details</i>)	\$

Please provide the following personal details:

Name:	
Address:	
Telephone:	
Mobile:	
Fax:	
Email:	
Date of Birth:	
Nature of Disability:	
Cause of Disability:	

Please provide the following details about carer or support arrangements:

Name:	
Relationship:	
Telephone:	
Mobile:	
Email:	

Please tell us how you heard about us:

TERMS AND CONDITIONS OF MEMBERSHIP

I/we, the undersigned, hereby agree and acknowledge that the Able Management Group (AMG), its officers, employees and agents, is not responsible for or liable for any personal injury, loss of life, damage to, or loss of property or economic loss which may be suffered or sustained in consequence of or in connection with any activity undertaken by me in my capacity as a member, guest or volunteer of the AMG.

I/we, the undersigned, agree to indemnify at all times, the AMG, its officers, employees and agents from and against all claims, actions, demands, costs and expenses (including the costs of defending or settling any claim, action or demand) of the AMG made, sustained, brought or prosecuted by any person in respect of any loss or damage to any person or any loss or damage to property or any economic loss arising from, in consequence of or in connection with any activity undertaken by me in my capacity as a member, guest or volunteer of the AMG.

Name (Block Capitals):

Signature:

Date:

Please send completed membership form and cheque/money order (payable to AMG) or details of your direct deposit to:

Attn: AMG Membership
74 Great Alpine Rd,
Harrietville, VIC. 3741.

Please note membership subscriptions are annual and due on the 1st of January each year. A renewal notice will be sent to you towards the end of each year as a reminder, so please remember to inform us if your details change at any time.

Direct Deposit Payment Option Details:

Bank: National Australia Bank
Account: Able Management Group Inc.
BSB: 083054
Account Number: 539189636

- Please ensure the 'statement reference' is '(your name): Membership' and please keep your receipt for reference.
- Please send a confirmation email to amgaustralia@gmail.com we will issue a receipt if requested.

Once your membership has been paid you will be updated to the Membership List as "**current**" and will be able to access equipment, lift tickets, instructors as well as discount accommodation at Norton House.

<p><u>Office Use Only:</u> Membership Number: Receipt Number: Date Joined:</p>
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*'It's your ability that gets you through your disability'
Donations over \$2 are tax deductible*