

# ASPERGER CENTRE

Unit 1, 16 Yarraman Place, Virginia Qld 4014  
ABN 40 153 205 764 Reg Charity #CH2168



A volunteer self funded organisation, supporting families and adults with Asperger's Syndrome

## SUBSCRIPTION APPLICATION

Valid for 12 months

**No receipts will be sent out for  
Subscription renewal unless requested.**  
Please tick box if receipt is required   
**Prices include GST**

### TAX INVOICE

ABN 40 153 205 764

New Application	<input type="checkbox"/>	Individual	<input type="checkbox"/>	\$ 55.00	(1 person only)
Renewal	<input type="checkbox"/>	Family	<input type="checkbox"/>	\$ 66.00	(1 family living under the same roof)
Change of Details	<input type="checkbox"/>	Group	<input type="checkbox"/>	\$132.00	(Business, Schools, Organisations, Institutions up to 3 people)
		Corporate	<input type="checkbox"/>	\$282.00	(Business, Schools, Organisations, Institutions up to 8 people)
		Life Member	<input type="checkbox"/>	\$990.00	
		Donation:	<input type="checkbox"/>	_____	(Donations \$2.00 and over are tax deductible)

*Information on our Website, Face book and Twitter – check regularly for updates*

**Please indicate your association with Asperger's Syndrome** (Please tick appropriate box)

Parent	<input type="checkbox"/>	Adult with AS	<input type="checkbox"/>	Psychologist	<input type="checkbox"/>	Speech Pathologist	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Psychiatrist	<input type="checkbox"/>	Medical Practitioner	<input type="checkbox"/>
Foster Parent	<input type="checkbox"/>	Partner of a person with AS	<input type="checkbox"/>	OT	<input type="checkbox"/>	School	<input type="checkbox"/>
Organisation	<input type="checkbox"/>	Business	<input type="checkbox"/>	Other:	_____		

**FAMILY / INDIVIDUAL** - Mr/Mrs/Miss/Ms

Surname \_\_\_\_\_ First Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Surname \_\_\_\_\_ First Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Adult with AS Special Interest: \_\_\_\_\_

Child with AS: \_\_\_\_\_ DOB: \_\_\_\_\_ Hobbies: \_\_\_\_\_ Sibling: \_\_\_\_\_ DOB: \_\_\_\_\_

Child with AS: \_\_\_\_\_ DOB: \_\_\_\_\_ Hobbies: \_\_\_\_\_ Sibling: \_\_\_\_\_ DOB: \_\_\_\_\_

Child with AS: \_\_\_\_\_ DOB: \_\_\_\_\_ Hobbies: \_\_\_\_\_ Sibling: \_\_\_\_\_ DOB: \_\_\_\_\_

**Education System:** State School  Private School  Home School  Boarding School

Parents/Guardians: Do you give permission for your first names (s), suburb, phone number, child's first name and age to be included on a Parent Contact Register? The Contact register is for parents of children with similar interests and ages that they may contact each other. This register is only forwarded to members who have given permission for their names to appear on the list.

Yes, I give permission for my/our details (as outlined above) to appear on the Parent Contact Register.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**GROUP** (choose up to 3 addresses)

**CORPORATE** (choose up to 8 addresses)

**Please add additional names overleaf)**

Name of School/Organisation/Business: \_\_\_\_\_

Contact Person Mr/Mrs/Miss/Ms (Please circle)

Surname \_\_\_\_\_ First Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

*All information provided will be treated private and confidential. Some information may be used for statistical purposes, but no names will be passed on to third parties.*

**PAYMENT DETAILS:** Payable to **Asperger Services Australia**

I enclose a **cheque/bank cheque/money order**

**Please do not send cash**

**Direct Banking:** Asperger Services Australia Ltd

Westpac Bank BSB 034-254 Account No 189945

Please notify the office your direct banking by sending either an email or a fax to the addresses below

If paying by **Credit Card**, please complete the following details: Master Card  Visa

Cardholder's No: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_

Amount: \$ \_\_\_\_\_ Donation: \$ \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

Please send the completed Subscription Application with your payment to:

**Asperger Services Australia Ltd, P O Box 159, Virginia Qld 4014, Australia**

Phone: 07 3865 2911 Fax: 07 3865 2838

[www.asperger.asn.au](http://www.asperger.asn.au) email: [office@asperger.asn.au](mailto:office@asperger.asn.au)

## Asperger Centre Meetings

Asperger Centre - Unit 1, 16 Yarraman Place, Virginia

### Parent Support Group

Every **first Wednesday** of the month (except School Holidays) 7 :00pm to 8 :30pm  
Cost : \$5.00 per meeting

### Coffee Morning

Every **3<sup>rd</sup> Thursday** of the month at 9.30 am to 11.30 am – Gold coin donation must RSVP  
Contact the office on: 3865 2911

### Youth Groups:

#### The Star War Group

for High School Students (14 to 18 yrs)  
**Meets every Friday from 6.30 pm to 8.00 pm** – Cost \$10.00 per person per meeting

#### Asperger Raining Mighty Youth Army - for Young Adults (18 to 25 yrs)

**Meets every Friday from 8:30pm to 10.00 pm** Cost: \$10.00 per person per meeting

### Adult Support Group

**Meets every 2nd and 4th Tuesday of the month (irrespective of the 5 weeks in a month)**  
**From 7.00 pm to 9.00 pm** – Cost: \$5.00 per person per meeting

### Women Group

**Meets every 1<sup>st</sup> and 3<sup>rd</sup> Monday of the month** – Cost \$5.00 per person per meeting  
**From 7.00 pm to 9.00 pm**

### Craft Group

**Meets every 1st & 3rd Tuesday of the month 7:00pm to 9:00pm** – Cost: \$5.00 per person per meeting plus material if required. Material used/bought on the night to be paid to Facilitator

## Other Support Groups

### West Brisbane Region Support Group

St Matthew's Church Hall,  
Oxley Road, Sherwood  
**3<sup>rd</sup> Thursday** of the month – Evening Meeting 7.00 pm to 9.00 pm  
Contact: Jane on 0448 909 863

### Mt Gravatt Support Group

Cavendish Road State High School  
Independent Living Unit  
**Last Wednesday** of the month 9.30 am to 11.00 am  
Contact: Ann 3398 3583 or Debbie Armfield 3901 6544

**Monthly notifications will be sent out via MailChimp.**

**Check out our Website, Facebook and Twitter on regular basis not to miss out on information**

**Don't forget to enter your email address over the page**

PLEASE NOTE:

Please write out your cheques to **Asperger Services Australia Ltd**

### ANY COMMENTS:

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### OFFICE USE ONLY

Membership # \_\_\_\_\_

Subscription valid for  
twelve month

Payment Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Donation: \$ \_\_\_\_\_  
Credit Card  Cash  Cheque  Bank Cheque  Money Order .

Please note: New applications must be proposed and seconded by two financial members.

Proposed: \_\_\_\_\_ Seconded: \_\_\_\_\_ Date: \_\_\_\_\_

Items sent to subscriber: \_\_\_\_\_

OUR REF #: \_\_\_\_\_