

# ABIQ Membership Registration Form 09-10



Autism Behavioural Intervention Queensland (ABIQ) Inc.  
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**Please Note: The information on this form is CONFIDENTIAL but may be used for statistical purposes. Individual details will not be disclosed without prior written consent.**

Date: \_\_\_\_\_

This is an Annual Membership due each September Please circle whichever applies to you.

Family Membership	\$ 33.00*
ABA teaching assistants/ Teacher aides	\$ 22.00*
FREE students (#must tick email option below)	FREE
Professionals	\$ 44.00*
Organisational/School	\$ 44.00*
Other	\$ 44.00

ABIQ is a volunteer organisation, and does not receive any government funding to assist in providing much needed information and support. Please consider a donation - every cent counts.

Donation All donations over \$2 are tax deductible \$ \_\_\_\_\_

\* Includes GST. Total paid \$ \_\_\_\_\_

Cheque or money order can be made out to ABIQ Inc.

Name: \_\_\_\_\_

(It is a legal requirement that ABIQ keep a member register. Please ensure all applicants names are listed to facilitate correct record keeping.)

Address: \_\_\_\_\_  
\_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ P/code \_\_\_\_\_

Phone: BH \_\_\_\_\_ AH \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

#To help reduce administrative costs your quarterly edition of ABIQ News and general correspondence can be delivered to your email address. Are you happy to do this?

\_\_\_\_\_Yes or \_\_\_\_\_No

1. Children involved in an ABA program (please tick appropriate box):

CURRENTLY  PREVIOUSLY  Duration of ABA Program (Years):

F/M Name/s: \_\_\_\_\_

2. How did you become aware of ABIQ?

\_\_\_\_\_

3. Age group of the child with autism you support (if applicable):

1 - 4  5 - 7  8 - 10  11 - 15  16+ |

4. Age group of siblings (if applicable):

1 - 4  5 - 7  8 - 10  11 - 15  16+ |

Please note: Annual membership should be renewed every September before the AGM. Only members who are financial are eligible to vote at the Annual General Meeting.