



# Membership Renewal

If you would like to continue your membership with WaiS, please pay the attached invoice and return this form to ensure your membership details are accurate for 2018-19. Thank you.

Name / Organisation	
Address	
Mailing Address (if applicable)	
Phone	
Mobile	
E-mail	
Web	

**Membership category: (Please tick one, Individual OR Organisation)**

☐

**INDIVIDUAL**

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*Person who has a disability, chronic illness or a mental illness; or*

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*Family member who is the carer of a person with a disability, chronic illness or a mental illness, or who is frail.*

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**ORGANISATION**

**Contact Person:**

Name	
Position	
Phone	
Email	

**Voting Representative:** (for WaiS AGM).

This person will be eligible to vote at the WaiS AGM.

Name	
Position	
Phone	
Email	

Please send to:

**WESTERN AUSTRALIA'S INDIVIDUALISED SERVICES INC (WaiS)**  
183 Carr Place, LEEDERVILLE, WA 6007

✉ [admin@waindividualisedservices.org.au](mailto:admin@waindividualisedservices.org.au) ☎ (08) 9485 1997

P.T.O.

**Additional people to be added to the WAiS mailing list:**

Name	Email

**If you are an Organisation and your annual income has changed please tick the appropriate box below and an amended invoice will be emailed to your contact person.**

Annual Funding Income	Annual Fee	Please Tick
<b>Organisation</b>		
Up to \$1,000,000	\$750	
\$1,000,000 to \$5,000,000	\$1,500	
More than \$5,000,000	\$2,500	
<b>Unfunded / Associated Organisations</b>	\$375	
<b>Individual</b>	Free  *Any voluntary donation to support WAiS work will be gratefully received  Donation amount: \$ (Any donation \$2 or more is tax deductible)	

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