



# ABILITY INCORPORATED ADVOCACY SERVICE

**MEMBERSHIP APPLICATION FORM**  
VALID FOR 12 MONTHS FROM THE DATE OF PAYMENT

**NEW MEMBERSHIP**

**RENEWAL OF MEMBERSHIP**

**Name:** \_\_\_\_\_ **Organisation:** \_\_\_\_\_

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

**Town:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

**Type of Membership:** (Please tick)

### FULL MEMBERSHIP

Person who has a disability  
Fee: \$5.00 for 12 months

Committee Member  
Fee: \$1.00 for 12 months

### ASSOCIATE MEMBER

Primary Carer, Parent, Support Person  
or Interested Person  
Fee: \$5.00 for 12 months

### ORGANISATIONAL MEMBER

Services etc.  
Fee: \$12.50 for 12 months

### BENEFITS OF BEING A FULL, ASSOCIATE OR ORGANISATIONAL MEMBER:-

- ❖ Full members can vote at our Annual General Meeting and be nominated to be on the Management Committee.
- ❖ Receive quarterly newsletters and Consumer Handbook.

### WHAT DOES THIS SERVICE DO?

- ❖ Offers a free and confidential service to all people, ages, gender and culture.
- ❖ Assists people with disabilities to know their rights and responsibilities.
- ❖ Supports people with disabilities and their families and carers with information about other services.
- ❖ Attend meetings and assist in making sure services people receive meets that persons individual needs.

I enclose a cheque/money order for: \$ \_\_\_\_\_ Membership fees \$ \_\_\_\_\_ Donation

I agree to abide by the rules of Ability Incorporated Advocacy Service and to promote choice and equality.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ABILITY INCORPORATED ADVOCACY SERVICE IS:-** A consumer focused service that recognises Equal Rights of people with disabilities and respects their freedom of choice.

**P.O. BOX 417, ALSTONVILLE NSW 2477**  
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