

APPLICATION FOR MEMBERSHIP

ADVOCACY FOR DISABILITY ACCESS AND INCLUSION INC.

(Formerly Family Advocacy Inc.) (Incorporated under the Associations Incorporation Act 1985 (SA))

I (FULL NAME OF APPLICANT) _____

OF THE FOLLOWING ADDRESS _____

EMAIL ADDRESS _____

Hereby apply to become a member of the above named incorporated association.

I **do / do not** (please circle or delete as appropriate) have a **conflict of interest** as outlined in the Constitution (available on the website).

If you are a member, or an office holder, in any agency, which commonly supplies services to people who have a disability please provide details below:

Advocacy For Disability Access And Inclusion Inc. utilises email as the preferred method of communication to members. If you need communication in an alternative format please contact the CEO and ceo@advocacyfordisability.org.au to have this noted on your Registration.

Please note that membership is active for two years from date of submission and it is the responsibility of the member to renew.

In the event of my admission as a member, I agree to be bound by the rules of the Association.

SIGNATURE OF APPLICANT

DATE