



Membership Form

Membership is free and is available to people with disabilities, their parents / carers, service providers and interested members of the community living or working in the North & West metropolitan region of Melbourne.

If you would like more information or assistance with completing this membership form, contact Emerald or Helen on 9687 7066. You can also complete this form online at www.disabilityconnections.org.au

Return Address: Western Region Disability Network
81 Cowper Street, Footscray, Vic 3011
Fax Number: (03) 9687 5621 E-mail: wrdn@annecto.org.au

Please print clearly and complete front and back of form (as appropriate)

Given Names: _____	Family Name: _____
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And (leave blank unless you are representing a service or group)

Name of Organisation/ Group: _____

Address: _____

_____ Postcode: _____

Telephone: _____ Mobile: _____ Fax: _____

E-mail (please print): _____

Organisations - please include generic email address as well: _____

Country of Birth: _____ First Language _____

Are you of Aboriginal and/or Torres Strait Islander descent (please circle) Yes No

Gender: _____

Municipality (Please Tick)

- | | | | |
|--------------------------------------|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Brimbank | <input type="checkbox"/> Melton | <input type="checkbox"/> Banyule | <input type="checkbox"/> Nillumbik |
| <input type="checkbox"/> Hobsons Bay | <input type="checkbox"/> Moonee Valley | <input type="checkbox"/> Darebin | <input type="checkbox"/> Whittlesea |
| <input type="checkbox"/> Maribyrnong | <input type="checkbox"/> Wyndham | <input type="checkbox"/> Hume | <input type="checkbox"/> Yarra |
| <input type="checkbox"/> Melbourne | <input type="checkbox"/> Moreland | <input type="checkbox"/> Other..... | |

Are you joining as a (please tick all that apply):

- | | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Person with a disability | <input type="checkbox"/> Parent | <input type="checkbox"/> Family Member | |
| <input type="checkbox"/> Sibling | <input type="checkbox"/> Partner | <input type="checkbox"/> Student | <input type="checkbox"/> Paid Carer/Worker |
| <input type="checkbox"/> An Organisation/Support Group | <input type="checkbox"/> Other _____ | | |

Please write down if you have any requirements, which will help you (or a representative from your group or organisation) to attend or be involved in WRDN meetings and activities (e.g. transport, respite, language or signing interpreter, attendant care, large print etc).

Would you like to be a WRDN Volunteer? (please tick) Yes or No

If yes, please tick if you would be interested in:

- | | |
|--|---|
| <input type="checkbox"/> Being on the Coordinating Group | <input type="checkbox"/> Being a Speakers' Bank Volunteer |
| <input type="checkbox"/> Being a Speakers' Bank Buddy | <input type="checkbox"/> Participating in occasional focus groups |
| <input type="checkbox"/> Assisting with putting information onto the Disability Connections weekly e-Update (training is available). | |

Please sign

Date _____

Information will be collected and stored as per the WRDN database policy.