**Why should I join**

**Grampians *dis*Ability Advocacy Association?**

You will be a member of an organisation that is committed to promoting

quality of life, human rights and self-advocacy for all people with a disability.

This association is run by a volunteer Board of Governance,

made up of people with a disability and community members.

**Our Motto:** “Our Choice, Our Voice.”

**Our Mission:** This advocacy service listens to, takes direction from,

and stands beside people with disability, from the Central Highlands

to across the Wimmera, in their interactions with organisations and the

community. We help people to learn about and act on their rights

to achieve the best possible result.

**TYPES OF MEMBERSHIP**

**Full member:**

This is for any person who has an interest in or a lived experience of disability. Full members have one vote at any meeting of the Association. These members are able to nominate for a role on the Association’s Board of Governance.

**Associate member:**

Any person who does not meet the requirements of full membership or who does not want to have voting rights. This membership is also for Organisations wishing to be members. Associate members have no voting rights.

**MEMBERSHIP BENEFITS**

* Individual members can be on the Board of Governance
* Individual members can vote at meetings
* Members can attend all general meetings
* All members are able to attend GdA events and functions
* A free printed or email copy of our Quarterly newsletter
* Membership is FREE

**CONTACT US**

Grampians disAbility Advocacy

**Mail:** PO Box 112, Ararat, 3377

**Phone:** 1800 552 272

**Email**: admin@grampiansadvocacy.org.au

**Website:** www.grampiansadvocacy.org.au

 MEMBERSHIP APPLICATION FORM



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**CONTACT DETAILS**

|  |  |
| --- | --- |
| NAME |  |
| ADDRESS |  |
| PHONE NUMBER |  |
| EMAIL ADDRESS |  |
| DO YOU HAVE A DISABILITY? | YES Optional  to specify  |  | NO |  |

**TYPE OF MEMBERSHIP YOU ARE APPLYING FOR**

|  |  |  |  |
| --- | --- | --- | --- |
| **FULL MEMBERSHIP** * Lived experience or an interest in disability
* Membership has voting rights
 |  | **ASSOCIATE MEMBERSHIP*** Organisation
* Individual
* Membership has NO voting rights
 |  |

**ARE YOU INTERESTED IN MORE ACTIVELY CONTRIBUTING TO GdA?**

|  |  |
| --- | --- |
|  | Specify any particular interests, or skills that you have |
| Advisory Groupor Sub-Committee |  |  |
| Board Member |  |
| **OR DO YOU WANT TO KNOW MORE BEFORE YOU GET INVOLVED ?** |
| I would like more information about being on a GdA advisory group or a Sub-Committee |  |
| I would like more information about being on the GdA Board of Governance |  |
| **HOW DID YOU HEAR ABOUT OR HOW DO YOU KNOW ABOUT GdA?** |
|  |
| Have you been involved with GdA before? | **YES** |  | **NO** |  |
| If yes, how? |

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

 Applicant, Support Person, Parent or Advocate (please circle)

OFFICE USE ONLY: Date received: Date Processed:

 Membership Status: Full membership: Associate Membership:

Skills Audit Sent

OFFICE USE ONLY:

 Date received: Processed:

 Membership Status: Full membership: Associate Membership: