

City West Lotteries House 2 Delhi Street WEST PERTH WA 6005 Phone: (08) 9420 7203

Email: ddcwa@ddc.org.au

## ABN: 61 889 503 484

## Individual & family membership form

Title:	First Name:		Surname:
Person v		Work in the disability fie	The state of the s
Suburb:Phone: (H)		(W)	Postcode:
Name: D.O.B.: Other releva	nt information:		Please let us know your particular areas of interest:  Advocacy Housing Challenging behaviour NDIS Education Recreation
Name: D.O.B.: Other releva	nt information:		Employment Specific disabilities  Health Other  Or, more generally, tell us a little about you/your family:
Name: D.O.B.: Other releva	nt information:		
Name: D.O.B.: Other releva	nt information:		
Yes plea	se, renew automatically		o automatically renew your membership each year? en it falls due in 12 months.
Signature:			/

## Membership to DDWA is FREE for individuals and families

## Membership Benefits:

- Receive newsletters, flyers and publications direct to your inbox or letterbox (if preferred)
- Receive discounted rates and priority access to workshops and seminars
- Opportunities to participate in forums and discussions around disability issues
- Access to Resources Information Skills Education (R.I.S.E.) opportunities to increase your confidence in advocating for yourself, family members and loved ones
- Access to service negotiation and one to one support. Where necessary referral to another advocacy or other relevant agency
- Assistance with administration and marketing for support groups hosting events and activities
- Opportunity to vote at our Annual General Meeting and be eligible to nominate for a board position
- Connection to a wider network of individuals, families, support organisations, service providers, government departments and agencies to share information or gather support
- Access to the experience and informed support that DDWA as a leader in the sector has provided for over 30 years.

	onations				
Donations are always appreciated and are tax deductible.					
Dor	nation amount \$ Card Number:				
	Visa Mastercard Expiry Date: / Signature: Date:				
Electronic deposit can be made to DDCWA (ABN 61889503484) BSB: 036 003 Account: 103 325 Please note your name on the description eg. A Jones donation					
Donations by cheque can be made payable to: Developmental Disability WA					
How did you hear about DDWA? (or are you simply renewing your membership)					
	Tam renewing my members.				
	Disability Services eg Local Coordinator				
	School				
	Service Provider				
	DDWA Event				
	Support Group				
	Therapist				
	Other				

Make sure you receive DDWA's emails by whitelisting us to make sure we don't go into your spam or junk mail