Type of Membership

What type of membership are you applying for?

- ☐ Individual Membership - FREE
- ☐ Family Membership - FREE
- ☐ Corporate Membership (not for profit agencies) - $150 per annum
- ☐ Corporate membership (for profit agencies) - $250 per annum

Your Contact Information

Organisation: (corporate membership only) _____ABN: _____

Title: _____First name: _____Last name: _____

Phone: _____Email: _____

Street address: _____City: _____

State: _____Postcode: _____Country: _____

Cultural Background:_____ Date of Birth:

Aboriginal or Torres Strait Islander (please circle)

What is your preferred method of communication?

☐ Email ☐ Phone ☐ Postal Mail ☐ SMS

Disability Type

- ☐ Physical (for example, mobility issue, amputee, muscular dystrophy, spinal cord injury)
- ☐ Neurological (for example, autism spectrum condition/disorder, ADHD, Tourette's)
- ☐ Sensory (for example blind, deaf, deafblind)
- ☐ Cognitive or intellectual disability (for example ABI, Down syndrome)
- ☐ Psychosocial (for example, permanent psychiatric disability or mental health condition)
- ☐ Other (please specify) _____
- ☐ Prefer not to say

Are you a NDIS participant? ☐ Yes ☐ No

Would you like to add a donation?

☐ Yes, amount: _____ ☐ No

*An invoice will be emailed once membership is accepted

Signed by Authorised Signatory:

Title: _____First name: _____Last name: _____

Signature: _____Date: _____/ _____/ _____
DD MM YYYY

**Signing this confirms I agree to abide by IDA's policies*

Please return this form to Integrated Disability Action Inc by post or email

Please note that visits to the IDA office are **by appointment only**. To arrange a time, contact us by phone or email. Our office hours are 9:00 am to 4:00 pm, Monday to Thursday, and 9:00 am to 2:00 pm on Fridays.

Thank you for your application to become a member of Integrated Disability Action Inc. Your application will be sent to the Board for approval after which you will receive an email confirming your membership. Please visit our website for our constitution, code of conduct and other IDA policies.

Office use only ***Date submitted:*** ***Accepted / Not accepted*** ***Date:*** ***Advised Yes / No***

Invoiced: Yes / No ***Invoice date:***

Filed: ***Member Data base updated*** ☐ ***MailChimp updated*** ☐