



Inc No: A0038882W ABN: 56160558848

## MEMBERSHIP APPLICATION FORM

**Full Membership** of WDV is available to women with a disability who live in Victoria. Full members are encouraged to participate in advocacy and representation and to nominate to the WDV Board. *There is no fee for full members.*

**Associate Membership** is open to individuals and organisations supportive of the aims of WDV and its members. Associate members do not have voting rights and are ineligible to join the Board, and Associate organisations must nominate a woman as representative.

*Fees for Associate Membership are – Individual \$40 / Organisation \$100 (Annually)  
- see over for payment options*

### MEMBERSHIP CATEGORY

*Please indicate type of membership by entering an 'X' in the cell following your choice (below):*

Full Membership		Associate Individual		Associate Organisation	
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### INDIVIDUALS

<b>Name</b>			
<b>Municipality</b> (local council)		<b>Date of Birth</b> (dd/mm/yy)	
<b>Ethnicity</b>		<b>Indigenous</b> (Yes/No)?	
<b>Nature of your disability</b>			

### ORGANISATIONS

<b>Name of Organisation</b>			
<b>Nominated Representative</b>			

### CONTACT DETAILS

<b>Address</b>				
<b>Suburb</b>		<b>State</b>		<b>Postcode</b>
<b>Telephone: Daytime</b>		<b>After Hours</b>		
<b>Mobile</b>		<b>Fax</b>		
<b>Email Address</b>				
<b>Preferred method of contact</b> (email or post?)				
<b>Accessible communication</b>	Large Print? (Yes/No)		<b>Other</b>	

### INTERESTS & INVOLVEMENT

<b>Are you a member or involved with any other organisations or groups?</b>	
<b>Are you currently on any Boards/committees/groups?</b>	
<b>In what ways would you like to be involved with Women with Disabilities Victoria?</b> <i>Please mark with 'X' in adjacent column:</i>	
• Representation on committees	
• Attending events	
• Responding to consultations / helping with submissions	
• Voluntary work	

**Which of our priorities are you most concerned about?**

Please place 'X' in column following:

- |  |  |
|--|--|
| • Prevention of and response to violence against women with disabilities |  |
| • Accessible and inclusive health systems                                |  |
| • Making the NDIS relevant to women with disabilities                    |  |
| • Promoting the importance of access to mainstream services              |  |
| • Creating leadership opportunities for women with disabilities          |  |

**Women with Disabilities Victoria Objects**

The Association is a Victorian charitable institution run by women with disabilities to advance and promote the Objects for the benefit of all Victorian women with disabilities.

The objects of the Association are to promote the health and wellbeing of women with disabilities, and in particular the prevention of disease and the relief of the negative impacts of disabilities by:

1. Providing support, education, information and mentoring to members and other women with disabilities;
2. Providing broad-based information and education to health and other community organisations, services and carers, regarding issues that impact on the health and wellbeing of women with disabilities;
3. Promoting the access of women with disabilities to health and other community organisations and services;
4. Supporting, conducting and promoting research on issues that affect the health and well being of women with disabilities;
5. Promoting community awareness of women with disabilities and engaging in community activities that promote positive images of women with disabilities, and highlighting the diversity of women with disabilities;
6. Working to ensure all community organisations, services and government legislation and policy promote accessibility to services, equality of opportunity, and the rights stated in the Statement of Rights (contained in Addendum 1 to these Rules) for the benefit of women with disabilities;
7. Conducting health promotion activities to achieve these objects;
8. Engaging in charitable and/or benevolent activities which are consistent with these objects; and
9. Doing such things as may be incidental or conducive to the attainment of the objects set out in this Rule.

**Agreement**

I/we support the Objects of Women with Disabilities Victoria and desire to become a member.

I/we understand that my/our name, address and date of membership will be kept in a membership register. This register can be viewed, in accordance with the Associations Act, at our registered address, by the members for the purposes of Women with Disabilities Victoria only.

I understand that I must reflect Women with Disabilities policy decisions when acting as their representative.

**Signature\***

**Date (dd/mm/yy)**

*\*Please note: completed forms received from personal email addresses do not require signatures.  
Please return completed form to:*

**Email:** [wdv@wdv.org.au](mailto:wdv@wdv.org.au) **Post:** GPO Box 1160 Melbourne VIC 3001

**Enquiries:** (03) 9286 7800 **Web:** [www.wdv.org.au](http://www.wdv.org.au)

Payment options for Associate Membership – please indicate your method of payment:

**Online payment via Paypal:** go to [http://www.wdv.org.au/get\\_involved.htm#payment](http://www.wdv.org.au/get_involved.htm#payment), click on the “Subscribe” button and follow the instructions.

**Direct deposit/EFT:** BSB: 313 140 / Account No.: 12034898 / Name: Women with Disabilities Victoria

**Cheque/money order:** please make payable to “Women with Disabilities Victoria”