

# Gippsland Disability Advocacy Membership Form



**Gippsland  
Disability Advocacy**

**I wish to become a member of Gippsland Disability Advocacy Inc.,  
to supports its purposes and its rules.**

## Personal Details:

Full Name: .....

Organisation you work for: .....

Email Address: .....

Residential Address:

.....

..... Post Code: .....

Postal Address (if different from Residential Address): .....

..... Post Code: .....

Telephone Number: .....

Mobile Telephone Number: .....

Amount Paid: \$ .....

*(Please note: The annual fee for financial members is one dollar (\$1.00) per year for individuals, or five dollars (\$5.00) per year for an organisation)*

Date: .....

Signature: .....

## Office Use Only:

Date Member Ship Form Received: ..... *(GDAI Date stamp must be imprinted below)*

Membership Details Register Updated

(please tick) Yes  No

Executive Officers Signature: .....