# MDAA_black_logo Multicultural Disability Advocacy Association of NSW Inc.

PO Box 884 GRANVILLE NSW 2142

10-12 Hutchinson St, Granville

Telephone: (02) 9891 6400

##### Toll Free: 1800 629 072

Fax: (02) 9897 9402

E-mail: mdaa@mdaa.org.au

# ABN: 60 737 946 674

#### Membership Application/Renewal

(Membership is valid from 1 July of one year to the 30 June the following year)

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Individual or Organisation)

**Contact Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Postal Address**:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **State:**\_\_\_\_\_\_\_\_\_\_\_\_ **Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Fax:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-Mail:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 **Please indicate the format you wish to receive correspondence from MDAA.**

**e.g. by mail, e-mail or other formats.**

I would like to receive correspondence by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I wish to:**

🞏 apply for membership 🞏 renew my membership

**Please tick the membership category you wish to apply for/renew:**

□ **Ordinary Member**: This is ONLY for people from CALD/NESB with disability.

**Application/Renewal Fee:** $ 5.50 Concession (GST Inclusive) $11.00 Employed (GST Inclusive)

□ **Family/ Carer Membership**: This is ONLY for family members or carers of people from CALD/NESB.

**Application/Renewal Fee:** $ 5.50 Concession (GST Inclusive) $11.00 Employed (GST Inclusive)

□ **Skilled Membership:** This is ONLY for individuals that have skills in the Disability and Ethnic field or have worked with people from CALD/NESB with disability.

**Application/Renewal Fee:** $ 5.50 Concession (GST Inclusive) $11.00 Employed (GST Inclusive)

□ **Associate Membership**: Organisations or persons who support the mission and objectives of MDAA.

**Application Fee:** $ 55.00 (GST Inclusive) **Annual renewal**: $33.00 (GST Inclusive)

**⮱**

**Important information:**

* **Membership applications for MDAA must include the signatures of two existing Members of the Association who nominate the applicant for membership.**
* **MDAA membership is valid from 1 July of one year to the 30 June the following year to be renewed annually with payment of applicable fee**

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**For people applying from CALD/NESB with disability or:**

**Family members/carers of people from CALD/NESB with disability ONLY.**

Date of Birth: \_\_\_\_\_\_\_\_\_ Sex: Female □ Male □

Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred Language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your disability or the disability of the person you care for:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your needs/interests/concerns?

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**For people applying as a Skilled Member ONLY**

What qualifications do you have in the Disability or Ethnic Field?

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What work have you undertaken with people from CALD/NESB with disability?

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Signature of Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Name of Nominating Member Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Name of Nominating Member Signature Date

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| Description: mdaa_logo_green_75_smallerjpeg.jpg | **Multicultural Disability Advocacy Association of NSW Inc.**  10-12 Hutchinson St, Granville  Telephone: (02) 9891 6400  Toll Free: 1800 629 072  Facsimile: (02) 9897 9402  E-mail: mdaa@mdaa.org.au  ABN: 60 737 946 674 |

**Please return this membership application/renewal with payment to:**

🖂MDAA, PO BOX 884 GRANVILLE NSW 2142.

**Payment Options:**

* In person by cash
* By Money order payable to MDAA
* By Cheque payable to MDAA
* By EFT

Details; Account name - Multicultural Disability Advocacy Association of NSW

BSB: 062 223

Account Number: 10226260

Please send remittance to: [accounts@mdaa.org.au](mailto:accounts@mdaa.org.au)

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**What do you get for your membership?**

**Ordinary Member/ Family Carer Member / Skilled Member:**

* This Membership entitles you to vote at the Annual General Meeting
* Be elected to the Committee of MDAA
* Receive MDAA’s bi-monthly newsletter
* Attend MDAA social forums

**Associate Membership:**

* This Membership does not entitle you to vote at the Annual General Meeting
* Show that you support MDAA’s Mission and objectives
* Receive MDAA’s bi-monthly newsletter
* Attend MDAA social forums

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| --- | --- |
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**INFORMATION ABOUT MDAA MEMBERSHIP**

**A person is eligible to be a Member of MDAA if the person:**

* + - * 1. supports the Objects and Principles of the Association, as set out in the MDAA Constitution;
        2. demonstrates a commitment to Social Justice Principles, as defined in the MDAA Constitution;
        3. pays any applicable fee in accordance with the MDAA Constitution**;**
        4. applies for membership in accordance with the MDAA Constitution; and
        5. satisfies the criteria attached to the relevant category of membership described below.

**Ordinary Members:**

* + - * 1. are individuals who have a disability and are from CALD/NESB; and
        2. may vote at general meetings.

**Family/Carer Members:**

* + - * 1. are individuals who are either a parent, sibling, child, grandparent or carer of an individual who is from CALD/NESB and who has a disability and
        2. may vote at general meetings.

**Life Members:**

* + - * 1. are individuals, who are Members, who the Committee determines have provided outstanding, long term service to the Association;
        2. may vote at general meetings; and
        3. are not required to pay Entrance Fees or annual Membership Fees.

**Skilled Members:**

* + - * 1. are individuals who do not satisfy the conditions set out above as in the Constitution; and
        2. are individuals who the Committee determines:

have qualifications that may be beneficial to the Association in the disability or ethnic field; or

have undertaken work, whether on a paid or voluntary basis, for either a person with a disability or a person from CALD/NESB and

* + - * 1. may vote at general meetings.

**Associate Members:**

* + - * 1. are persons who do not satisfy the criteria of any of the other classes of membership; and
        2. may not vote at general meetings.