



# Multicultural Disability Advocacy Association of NSW Inc.

10-12 Hutchinson St, Granville NSW 2142

PO Box 884 GRANVILLE NSW 2142

E-mail: [mdaa@mdaa.org.au](mailto:mdaa@mdaa.org.au) | Telephone: (02) 9891 6400

Toll Free: 1800 629 072

ABN: 60 737 946 674

## MDAA Membership Renewal

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

I wish to:  renew my membership

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

(Individual or Organisation)

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

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

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

Contact Phone/Mobile: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please indicate the format you wish to receive correspondence from MDA.

POST  EMAIL  OTHER MEDIA

Please tick the membership category you wish to renew:

- Ordinary Member:** This is ONLY for people from CALD/NESB with disability.  
**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.  
**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.  
**Renewal Fee:** \$ 5.50 Concession (GST Inclusive) \$11.00 Employed (GST Inclusive)
- Associate Membership:** Organisations or persons who support the mission and objectives of MDA.  
**Application Fee:** \$ 55.00 (GST Inclusive) **Annual renewal:** \$33.00 (GST Inclusive)

Please return this membership renewal with payment to:

MDA, PO BOX 884 GRANVILLE NSW 2142.

### Payment Options:

- In person by cash
- By Money order payable to MDA
- By Cheque payable to MDA
- 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)



**For people renewing from CALD/NESB with disability OR:  
Family members/carers of people from CALD/NESB with disability ONLY.**

Date of Birth: \_\_\_\_\_ Gender: Female  Male

Country of Birth: \_\_\_\_\_ Preferred Language: \_\_\_\_\_ Ethnic Background \_\_\_\_\_

What is your disability or the person you care for? \_\_\_\_\_

What are your needs/interests/concerns? \_\_\_\_\_

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

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

\_\_\_\_\_

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

\_\_\_\_\_

**I understand the conditions of MDAA membership**

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

<p><b>CONDITIONS OF MDAA MEMBERSHIP</b> A person is eligible to be a Member of MDAA if the person:</p> <ul style="list-style-type: none"> <li>• Supports the Objects and Principles of the Association as set out in the MDAA Constitution;</li> <li>• Demonstrates a commitment to Social Justice Principles, as defined in the MDAA Constitution;</li> <li>• Pays any applicable fee in accordance with the MDAA Constitution;</li> <li>• Applies for membership in accordance with the MDAA Constitution; and</li> <li>• Satisfies the criteria attached to the relevant category described below.</li> </ul>	<p><b>WHAT DO YOU GET FOR YOUR MEMBERSHIP?</b></p> <p><b>Ordinary Member/Family Carer Member/Skilled Member</b></p> <ul style="list-style-type: none"> <li>• Entitles you to vote at the Annual General Meeting</li> <li>• Be elected to the Committee of MDAA</li> <li>• Receive MDAA's bi-monthly newsletter</li> <li>• Attend MDAA information forums</li> <li>• Receive a membership badge</li> </ul> <p><b>Associate Membership</b></p> <ul style="list-style-type: none"> <li>• Does not entitle you to vote at the Annual General Meeting</li> <li>• Show that you support MDAA's mission and objectives</li> <li>• Receive MDAA's bi-monthly newsletter</li> <li>• Attend MDAA information forums</li> </ul>
<p><b>Ordinary Members</b></p> <ul style="list-style-type: none"> <li>• Are individuals who have a disability and are from CALD/NESB</li> </ul> <p><b>Family/Carer Members</b></p> <ul style="list-style-type: none"> <li>• Are individuals who are either a family member or carer of an individual who is from CALD/NESB and has a disability</li> </ul> <p><b>Life Members</b></p> <ul style="list-style-type: none"> <li>• are individuals who are Members, who the Committee determines have provided outstanding, long term service to the Association and are not required to pay annual membership fees</li> </ul>	<p><b>Skilled Members</b></p> <ul style="list-style-type: none"> <li>• are individuals who do not satisfy the conditions set out above. Have qualifications that may be beneficial to MDAA in the disability or ethnic field OR have undertaken work for either a person with disability or a person from CALD/NESB</li> </ul> <p><b>Associate Members</b></p> <ul style="list-style-type: none"> <li>• are persons or organisations who do not satisfy the criteria of any other classes of membership</li> </ul>

