



# Multicultural Disability Advocacy Association of NSW

10-12 Hutchinson Street, Granville, NSW 2142

PO Box 884 Granville, NSW 2142

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Toll free: 1800 629 072

## MDAA Membership Application

Membership is valid from 1 July of one year to 30 June the following year to be renewed annually

<b>TITLE</b>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss. <input type="checkbox"/>	Ms. <input type="checkbox"/>
<b>NAME</b>	<b>FIRST NAME:</b>		<b>LAST NAME:</b>	
<b>ORGANISATION</b>				
<b>POSTAL ADDRESS:</b>	<b>TOWN/ CITY:</b>		<b>POST CODE:</b>	
<b>TELEPHONE:</b>			<b>MOBILE:</b>	
<b>EMAIL:</b>			<b>CONTACT PERSON:</b>	

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

POST                       EMAIL                       OTHER MEDIA

<b>Please tick the membership category you wish to apply for/renew:</b>	<b>Please return this membership application/renewal with payment to:</b>
<input type="checkbox"/> <b>Ordinary Membership:</b> This is ONLY for people from Culturally & Linguistically Diverse/Non English Speaking Background (CALD/NESB) with disability <b>Fee: \$5.50 Concession \$11.00 Employed (GST inclusive)</b>	 MDAA, PO Box 884 Granville NSW 2142
<input type="checkbox"/> <b>Family/Carer Membership:</b> This is only for family members or carers of people from CALD/NESB with disability <b>Fee: \$5.50 Concession \$11.00 Employed (GST inclusive)</b>	<b>PAYMENT OPTIONS:</b> <ul style="list-style-type: none"> <li>• In person by cash</li> <li>• By Money order payable to MDAA</li> <li>• Be Cheque payable to MDAA</li> <li>• By EFT details provided on acceptance</li> </ul>
<input type="checkbox"/> <b>Skilled Membership:</b> This is only for individuals that have skills in the Disability and Ethnic field or have worked with people from CALD/NESB with disability <b>Fee: \$5.50 Concession \$11.00 Employed (GST inclusive)</b>	
<input type="checkbox"/> <b>Associate Membership:</b> Organisations or persons who support the mission and objectives of MDAA <b>Application Fee: \$55.00</b> <b>Annual Renewal \$33.00 (GST inclusive)</b>	   

**IMPORTANT INFORMATION:** Membership applications must include the signatures of two existing Members of the Association who nominate the applicant for membership. All information gathered is confidential.

**For people applying for Ordinary membership from CALD/NESB with disability OR Family members/carers of people from CALD/NESB with disability.**

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/interest/concerns? \_\_\_\_\_

**For people applying 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 applicant	Date
Name of Nominating Member	Signature
Name of Nominating Member	Date

<p><b>CONDITIONS OF MDAA MEMBERSHIP</b>  <b>A person is eligible to be a Member of MDAA if the person:</b></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>  <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> </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>