

Membership Categories

FULL MEMBERSHIP

Open to any person who has a son or daughter with a disability including natural, adoptive or foster parents, who is committed to the values of QPPD and is interested in furthering the organisation's objectives.

ASSOCIATE MEMBERSHIP

Open to any other person who is committed to the values of QPPD and is interested in furthering the organisation's objectives. Associate members can not be appointed to management, nor vote in elections, but in all other respects they are considered full members.

Membership Fee

\$20 annual membership fee

Renewals are due on 1st July each year

It is QPPD's policy to concede fee waivers when requested. We regard your membership as more important than the fee! Just tick the appropriate box on the back of the form.

<input type="checkbox"/>	I enclose new membership fee of \$20
<input type="checkbox"/>	I enclose my membership renewal fee of \$20
<input type="checkbox"/>	I request a waiver of the annual fee
<input type="checkbox"/>	I enclose \$ as a donation to QPPD
<input type="checkbox"/>	Direct Debit: Account QPPD Inc. - Bank NAB - Branch Toowong - BSB 084424 Account 029232913 Reference: Your name Your Occupation

Return to:

QPPD

PO Box 466

Salisbury Q 4107

Funded by the Australian Government through the Department of Families, Housing, Community Services and Indigenous Affairs

QPPD

*Queensland Parents for People
with a Disability Inc.*

2010-2011

Membership Form

ADVOCATING

for

PEOPLE WITH DISABILITIES

by

PARENT NETWORKS

against

ABUSE AND EXCLUSION

for

JUSTICE AND RIGHTS

(07) 3875 2102 or 1800 805 184

Fax: (07) 3875 2152

Website: www.qppd.org

E-mail: qppd@qppd.org

ABN: 46587 110642

(Please tick appropriate boxes)

Membership type

- FULL MEMBERSHIP (Parents)
- ASSOCIATE MEMBERSHIP (Allies)

I am interested in:

- Children being included in regular schools
- Community based personal and lifestyle supports
- Attending learning events
- Other
(please specify) _____

Cultural Identity:

- NON ENGLISH SPEAKING BACKGROUND
(please write language spoken at home) _____
- ABORIGINAL/TORRES STRAIT ISLANDER

Personal Details

NAME _____

ADDRESS _____

PHONE (H) _____

PHONE (W) _____

MOBILE _____

FAX _____

EMAIL _____

YEAR OF BIRTH OF SON/DAUGHTER _____

Members receive:

- ◆ Three issues of Inclusive Lives Newsletter each year
- ◆ Nine issues of Staying in Touch information package each year
- ◆ Invitations to QPPD events
- ◆ Opportunities to become involved in systems advocacy efforts
- ◆ A sense of solidarity with parents and allies engaged in advocacy throughout Queensland

QPPD vigorously defends justice and rights for people with disabilities by exposing exclusionary practices, speaking out against injustices and promoting people with disabilities as respected, valued and participating members of society.

Your signature

Date

NOTE: QPPD does not distribute members details without written consent or verbal consent.

OFFICE USE ONLY

NOMINATED BY _____

SECONDED BY _____

DATE _____

RECEIPT NO _____

PROCESSED DATE _____