



Disability Advocacy & Information Service Inc

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APPLICATION FOR MEMBERSHIP / RENEWAL OF MEMBERSHIP

I wish to **become a member / *renew membership* of Disability Advocacy & Information Service Inc. ** strike out whichever is inapplicable*

Name

Organisation, *if applicable*

Address

..... Postcode

Phone: (work) (home)

Email: Fax No:

ORDINARY MEMBERSHIP

Person with Disability / Carer / Consumer Organisation representative ()

ASSOCIATE MEMBERSHIP

Service provider representative / Other interested person ()

.....
Signature

.....
Date

Please return Membership Form to DAIS