

ETHNIC DISABILITY ADVOCACY CENTRE INC

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MEMBERSHIP

	NEW RENEWAL			ORDINARY MEMBERSHIP FAMILY/ CARER MEMBERSHIP ASSOCIATE MEMBERSHIP
	\$10	ORGANISATION WAGED CONCESSION		
PLEASE FIND ENCLOSED CHEQUE/ MONEY ORDER/ CASH or Online Payment to: Ethnic Disability Advocacy Centre, Bankwest, BSB: 306-089, Account No. 011451-0				
SURNAME:				
GIVEN NAME:				
SIGNATURE DATE				
ORGANISATION (if applicable):				
FOR NEW MEMBERS or CHANGES ONLY: ETHNICITY:				
ADDRESS:				
POST-CODE: Email:				
Ph·				Mob: