

WESTERNPORT SPEAKING OUT INC.

A.C.N. A0016788P



PO BOX 1034
FRANKSTON VIC 3199



UNIT 6/44 BEACH STREET
FRANKSTON VIC 3199



(03 9770 1710)



(03) 9783 5282



wps@bigpond.net.au

MEMBERSHIP FORM

I wish to be a member of the Westernport Speaking Out Association, to support its purpose and agree to conform to its rules.

Name: Given..... Surname

Address :

Suburb: **Post Code**.....

Date of Birth/...../..... Female Male
(please ✓ the correct box)

Email:.....

Members: There are two (2) levels of membership, these are: please ✓ the correct box)

- a) Voting members (individual only)
- b) Non- Voting members.
 - I. Individual
 - II. Group

Voting membership is limited to persons who have an intellectual disability.

Cost of membership enclosed

\$1.00 If you are on a pension or benefit. \$.....
\$2.00 If you have a job. \$.....
\$5.00 If you are a group \$.....

Disability: Yes No **If you have a disability please indicated type:**

(You do not have to complete this section if you prefer not to. If completing please ✓ the correct box)

Disability: **Primary** **Secondary**

Intellectual

Acquired brain damage

Physical

Mental illness

Other please detail. _____