



**PEOPLE WITH DISABILITY
AUSTRALIA**

PWDA Membership Form

Your Contact Information

These questions are about who you are and how best to contact you

* Required fields

First Name*

Last Name*

(If you do not have an email, please put 'do not have')

Email*

Street Address

City

State

Postcode

(If you do not have a mobile please put 'do not have')

Mobile Phone

Second Phone Number

Preferred Communication Method

Please only select postal mail if you require post for accessibility.

Email

Phone

Postal Mail

SMS

Large Print Postal Mail

Would you like to be contacted about volunteering at PWDA?

Yes

No

What topics listed would you be most interested in?

Access to Justice	Employment
NDIS issues	Violence Prevention
Child Safety	International human rights
Housing	Culturally and Linguistically Diverse (CALD)
Accessibility	Disaster Preparedness and Recovery
Transport	Education
Community Participation	Psychosocial
LGBTQIA+	Technology
Social /current issues	Human Rights Protection
Political issues	Healthcare
Income Support	

What areas listed below affect your daily life?

Access to Justice	Employment
NDIS issues	Violence Prevention
Child Safety	International human rights
Housing	Culturally and Linguistically Diverse (CALD)
Accessibility	Disaster Preparedness and Recovery
Transport	Education
Community Participation	Psychosocial
LGBTQIA+	Technology
Social /current issues	Human Rights Protection
Political issues	Healthcare
Income Support	

Would you consent to be contacted by PWDA about your experience in the topic areas selected to assist with PWDA's work?

Yes No

About You

The following section asks some questions about you, which will assist us in providing information to our members as well as assist our advocacy work. Most of these questions are completely optional. Please know this information will be kept confidential and in accordance with our privacy policy.

Year of birth

Are you an NDIS participant?

Yes No Prefer Not to Say

Which one (s) best describes your gender or gender identity?*

Male	Intersex
Female	Prefer not to say
Gender non-conforming	Self Description of gender or gender identity:
Non-binary	
Cisgender	

Which one (s) best describes your sexual identity or sexual orientation?

Heterosexual	Asexual
Gay	Prefer not to say
Lesbian	Self Description of sexual identity or sexual orientation:
Bisexual	
Trans	
Queer	

Do you identify as being an Aboriginal and/or Torres Strait Islander?

Yes, I identify as Aboriginal

Yes, I identify as Torres Strait Islander

Yes, I identify as both Aboriginal and Torres Strait Islander

No, I do not

I prefer not to say

Do you identify as coming from a culturally and linguistically diverse background?

Yes

No

If English is not your first language, what is your preferred language?

What is your country of birth?

Disability Type

(Providing this information will assist us with our advocacy work)*

Please select all that apply

Physical (for example, mobility issue, amputee, muscular dystrophy, spinal cord injury etc)

Neurological (for example, autism spectrum condition/disorder, ADHD Tourette's etc)

Sensory (for example blind, deaf, deafblind etc)

Cognitive or intellectual disability (for example ABI, Down syndrome, etc)

Psychosocial (for example, permanent psychiatric disability or mental health condition)

Prefer not to say

Other

Please disclose anything you wish about your disability here (Optional)

Membership Declaration

Please review our [privacy policy](#) and our [membership prospectus](#) before submitting your application. These fields are required.

Membership Information*

I have read the membership prospectus and understand the conditions of membership

Privacy Policy*

I agree to PWDA's privacy policy

Eligibility*

I confirm that I am eligible to join PWDA.
You need to be a person with disability,
a resident of Australia, and 18 years old or over.