



**PEOPLE WITH DISABILITY
AUSTRALIA**

PWDA membership form

We understand that the privacy of your personal information is very important. Please review our [privacy policy](#) before submitting your application which contains further details about our privacy practices, and how you may access the personal information we hold about you and make a privacy complaint. It is also available in [Easy Read](#)

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* _____

(If you do not have an email address, you must provide your street address below.)

Street address _____

City/suburb _____ State _____ Postcode _____

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

Mobile phone _____ Landline 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

We may need to contact you from time to time via your preferred communication method in connection with your membership. We may also contact you to send our marketing communications if you opt-in (see Membership declaration)

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.

Age group

- | | |
|-------|-------------------|
| 18-24 | 55-64 |
| 25-34 | 65+ |
| 35-44 | Prefer not to say |
| 45-54 | |

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

- | | |
|-----------------------|--|
| Man | Intersex |
| Woman | Prefer not to say |
| Gender non-conforming | Self description of gender or gender identity: |
| Non-binary | |
| Transgender | _____ |
| 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 | |
| Pansexual | _____ |
| 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

Are you an NDIS participant?

Yes

No

Prefer not to say

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

Please select the updates you wish to receive by email

PWDA Media

You will receive PWDA media releases and other media alerts as they are sent

PWDA Newsletter

You will receive the PWDA newsletter which is usually sent out twice a month.

Daily Media Round-up

You will receive an email each week with a list of the latest disability related news from Australia and the world.

Membership declaration

If you are a support worker or guardian of the prospective member and are completing these declarations on behalf of the prospective member, please provide your details:

First name* _____ Last name* _____

Membership information*

Please review our [membership prospectus](#) before submitting your application.

These fields are required *

I have, or my support worker or guardian on my behalf has, read the membership prospectus and understand the conditions of membership.

Eligibility*

You need to be a person with disability, a resident of Australia, and 18 years old or over.

I confirm, or my support worker or guardian on my behalf confirms, that I am eligible to join PWDA.

Privacy policy*

By becoming a member of PWDA, I consent, or my support worker or guardian on my behalf consents, to the collection, use and disclosure (including to third parties) of my personal information, including the sensitive information (including health information, ethnic origin and sexual orientation) and to being contacted, as described in PWDA's [privacy policy](#).

I agree to PWDA's privacy policy

Membership register

Other members of PWDA may contact PWDA requesting information about PWDA's membership register. We will not provide your membership details unless you provide your consent.

I consent, or my support worker or guardian on my behalf consents, to my name and membership details being included as a member on PWDA's membership register, in response to any requests made by other members of PWDA about the PWDA's membership register.

Direct marketing

Your consent to us contacting you in these ways remains in effect until you elect to opt-out (which you may do at any time).

I consent, or my carer or guardian on my behalf consents, to receiving direct marketing communications and information from PWDA about PWDA's products and services, and updates about the PWDA's advocacy, news and upcoming events via our newsletter that may be of interest to me via mail, SMS and/or email.