PEOPLE WITH DISABILITY AUSTRALIA

PWDA Individual Member Membership form

To join PWDA as an individual member, you must identify as a person with disability, be at least 18 years or older and be a resident of Australia.

About you

The following section asks some questions about you. PWDA uses this information to confirm if you are eligible to be a PWDA member, contact you and inform our work. Please know this information will be kept confidential and in accordance with our privacy policy.

Your contact information

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

First name* *(compulsory)* _____

Last name* *(compulsory)* _____

Email* *(compulsory)* _____

Year of birth* *(compulsory)* _____

Birthdate ____ / ____ / ____

Street address _____

Suburb _____ State _____ Postcode _____

Mobile phone _____ Landline phone _____

Do you identify as a person with disability? * *(compulsory)*

You do not need to have a formal diagnosis.
PWDA respects self-identification.

◯ Yes ◯ No

Disability Type

Providing this information helps us understand who our community includes so we can advocate effectively.

(Select all that apply)

☐ **Sensory and communication**
You may choose this if you are blind, low vision, d/Deaf, hard of hearing, deafblind, or have a speech or communication disability.

☐ **Physical**
You may choose this if you have a mobility disability or physical condition that affects how you move or use your body. Examples include spinal cord injury, muscular dystrophy, amputation, cerebral palsy, chronic pain or fatigue-related conditions.

☐ **Learning and understanding**
You may choose this if you have an intellectual disability, learning disability, cognitive disability or memory difference.

☐ **Psychosocial**
You may choose this if you experience disability connected to mental health challenges.

☐ **Head injury or acquired brain injury (ABI)**
You may choose this if you have had a brain injury or stroke and it continues to affect your daily life.

☐ **Neurodivergent**
You may choose this if you identify as neurodivergent.

Examples include Autistic, ADHD, Tourette's, dyslexia or dyspraxia.

☐ **Chronic health condition**
You may choose this if you live with a long-term health condition that affects your daily life.

Examples include autoimmune conditions, multiple sclerosis, ME/CFS, long COVID or diabetes.

☐ **Other (please describe)**
If your identity or experience is not listed above. _____

☐ **Prefer not to say**

Are you a NDIS participant?

◯ Yes ◯ No ◯ Prefer not to say

At birth, you were recorded as:

◯ Female (F) ◯ Male (M) ◯ Prefer not to say

◯ Another term _____

Were you born with a variation of sex characteristics?

(This is sometimes called intersex or differences of sex development (DSD))

◯ Yes ◯ No ◯ Don't know ◯ Prefer not to say

How do you describe your gender

(Select all that apply)

☐ Female or woman (F)

☐ Male or man (M)

☐ Non-binary (X)

☐ Gender diverse

☐ Prefer not to say

☐ A different term _____

Which one (s) best describes your sexual orientation?

(Select all that apply)

☐ Straight (heterosexual)

☐ Gay

☐ Lesbian

☐ Bisexual

☐ Pansexual

☐ Queer

☐ Asexual

☐ Prefer not to say

☐ I use a different term (please specify) _____

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

- ◯ Yes, Aboriginal
- ◯ Yes, Torres Strait Islander
- ◯ Yes, both Aboriginal and Torres Strait Islander
- ◯ No
- ◯ Prefer not to say

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

Culturally and linguistically diverse means people who identify as belonging in some way to a different culture or language background other than Anglo-Australian. This can include people who were born in Australia, who grew up in a non-English speaking home or community.

◯ Yes ◯ No ◯ Prefer not to say

Preferred communication methods * *(compulsory)*

We may need to contact you from time to time via your preferred communication methods in connection with your membership.

Please only select Easy Read or postal mail if you require this for accessibility.

(Select all that apply)

- ☐ Email
- ☐ Phone
- ☐ Postal mail
- ☐ SMS
- ☐ Large print postal mail
- ☐ Easy Read (required for accessibility)

About your PWDA Membership

Why are you joining PWDA?

(Select all that apply)

- ☐ To have your say on important issues
- ☐ To connect with other people with disability
- ☐ To stay updated on disability rights issues in Australia
- ☐ To attend PWDA member only events
- ☐ To be involved in the PWDA Board, advisory or other roles
- ☐ Other (please specify) _____

How did you hear about PWDA?

(Select all that apply)

- ☐ Google
- ☐ Facebook
- ☐ Instagram
- ☐ X (formerly Twitter)
- ☐ LinkedIn
- ☐ Friend
- ☐ Family
- ☐ At work
- ☐ Support Coordinator or Local Area Coordinator
- ☐ Service provider
- ☐ Government service
- ☐ Legal service
- ☐ Other disability organisation
- ☐ PWDA event
- ☐ Community event or expo
- ☐ Media (TV, radio, newspaper)
- ☐ Other (please specify)

_____

Membership declaration

Please review our Membership Prospectus which is available before submitting this form.

Membership Information* *(compulsory)*

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

Eligibility* *(compulsory)*

To join PWDA as an individual member, you must identify as a person with disability, be at least 18 years or older and be a resident of Australia.

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

Membership register consent* *(compulsory)*

☐ 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.

Direct Membership Marketing consent

☐ As a PWDA member I agree, or my carer or guardian agrees on my behalf to receive direct marketing and information from PWDA on membership, consultations, advocacy, news, events, and information on the PWDA Annual General Meeting (AGM).

I understand I can opt-out at any time. I understand if I choose to opt-out I will not receive PWDA member communications.

SMS opt in

☐ I would like to opt-in to receive text messages from PWDA on membership, consultations, advocacy, news, events, and information on the PWDA Annual General Meeting (AGM).

I understand I can opt-out at any time.

Mailing List Subscription

In addition to PWDA membership communications you can also subscribe to other PWDA newsletters.

Which newsletters would you like to subscribe to?

☐ **PWDA Media**
You will receive PWDA media releases and other media alerts as they are published.

☐ **PWDA Newsletter**
You will receive the PWDA newsletter which is sent out once a month.

☐ **Weekly Media Round-up**
You will receive an email each week with a list of the latest disability related news from Australia and the world.

Your privacy

PWDA's Privacy Policy contains further details about our privacy practices, how you may access and correct the personal information we hold about you, how you may make a privacy complaint and how we will deal with any complaint.

Please review our Privacy Policy and Privacy Collection Statement which are available at pwd.org.au/about-us/policies/privacy/ before submitting this form. An Easy Read version of both documents is also available at the above link.

Contact us

People with Disability Australia

Postal address: PO Box 666, Strawberry Hills NSW 2012, Australia
Telephone: 1800 422 015