



Membership Application

Application and Declaration

Name / Organisation	
Address	
Mailing Address (if applicable)	
Phone	
Mobile	
E-mail	
Web	

Membership category: (Please tick one, Individual OR Organisation)

INDIVIDUAL

Person who has a disability, chronic illness or a mental illness; or

Family member who is the carer of a person with a disability, chronic illness or a mental illness, or who is frail.

ORGANISATION

Contact Person:

Name	
Position	
Phone	
Email	

Voting Representative: (for WaiS AGM).
This person will be eligible to vote at the WaiS AGM.

Name	
Position	
Phone	
Email	

Additional people to be added to the WAI S mailing list:

Name	Email

The Applicant applies to be a member of WAI S and acknowledges that Membership of WAI S is open to *Individuals and Organisations who:

- (a) support individualised planning and delivery;
- (b) can demonstrate their commitment to provide individualised planning and delivery (Organisations); and
- (c) endorse and actively promote the Objects of WAI S.

The Applicant declares, endorses, promotes and actively adopts the following Self-Directed principles in its general operations;

- 1) **Independent living** - I have a right to live my life in a way that makes sense to me.
- 2) **Entitlement** - I have a right to enough support and a right not to be over supported.
- 3) **Self-determination** - I have a right to make decisions about how I live my life and, if needed, I have a right to be supported by people who know me and love me to make those decisions for and with me.
- 4) **Transparency** - I have a right to be told clearly and simply how the system of entitlement works and how the rules affect me; including how much money I am entitled to for my support.
- 5) **Choice** - I have a right to use my money in any way that helps me to live my life; including the freedom to take risks, make mistakes and learn from them.

The Applicant declares that it endorses and promotes the Objects of WAI S;

- 1) Provide a clear and coherent voice for individualised services and individuals within the community services sector.
- 2) Share resources and techniques amongst Members that consolidate and enhance individualised services delivery; to include advocacy, education, provision of information and other practical support;
- 3) Educate others about individualised services through conferences, workshops, information, advice and resources;
- 4) Provide agency-to-agency mentoring for emerging individualised services;
- 5) Publish position papers, respond to position papers published by others and make submissions on behalf of its Members;
- 6) Influence government policies that have the potential to impact on individualised services;
- 7) Lobby government, the community and the broader sector to expand the range and number of individualised services through leadership and advice to the sector on individualised services and
- 8) Support and contribute to research into individualised services

Membership Fee Payable (An invoice will be forwarded to you upon approval)

Annual Funding Income	Annual Fee	Please Tick
Organisation		
Up to \$1,000,000	\$750	
\$1,000,000 to \$5,000,000	\$1,500	
More than \$5,000,000	\$2,500	
Unfunded / Associated Organisations	\$375	
Individual	<p>Free</p> <p>*Any voluntary donation to support WAiS work will be gratefully received</p> <p>Donation amount: \$ (Any donation \$2 or more is tax deductible)</p> <p>Bank details for direct deposit:</p> <p>WA's Individualised Services Westpac Bank BSB: 036 011 ACCT: 43-9486</p> <p>Please include your name as the reference</p>	

Please send to:
WESTERN AUSTRALIA'S INDIVIDUALISED SERVICES INC (WAiS)
 183 Carr Place, LEEDERVILLE, WA 6007
 ✉ admin@waindividualisedservices.org.au ☎ (08) 9481 0101

WAiS Office Use Only	<i>Date Application Received</i>	<i>Approved by CEO</i>	<i>Date Invoice Paid</i>	<i>Date Welcome Pack Sent</i>