



# Membership Application

## Application and Declaration

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

### Membership category:

#### Full Membership

**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 WAI S AGM).

This person will be eligible to vote at the WAI S AGM.

Name	
Position	
Phone	
Email	

**ASSOCIATE MEMBERSHIP (Non voting)**

Person who has a commitment to the values and vision of WAI S

**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 human rights, citizenship, self direction and diversity
- (b) can demonstrate their commitment to individualised self directed supports (Organisations); and
- (c) endorse and actively promote the Objects of WAI S.

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

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

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