

9. Fax: _____
10. E-mail (please print): _____ @ _____
11. Gender (please circle): M F
12. First Language _____
13. Country of Birth: _____
14. Are you of Aboriginal and/or Torres Strait Islander descent (please circle) Y N

If you are representing an Organisation or Group please complete this section:

- a) Your position _____
- b) Organisation Name _____
- c) A generic email for the organisation (if available)
 _____ @ _____

Please tell us if you have any requirements, which will help you (or a representative from your group or organisation) to attend or be involved in meetings and activities (e.g. transport, respite, language or signing interpreter, attendant care, large print etc). Please note we receive a grant from the Department of Human Services (DHS) to provide this.

Please sign _____ **Date** _____

Information will be collected and stored as per the database policy.

Anyone who would like more information or who needs assistance with completing this membership form are encouraged to phone 9687 7066 and leave a message for Peter.

Return Address: disAbility connections (Victoria)
 81 Cowper Street, Footscray, Vic 3011

Fax Number: (03) 9687 5621

E-mail: dcv.team@annecto.org.au

DCV appreciates and acknowledges the support of annecto- the people network as the DCV formal host.