



PWD ACT
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Mawson ACT 2607

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Individual Membership form

I..... (Full name),
of.....(Address)

I would like to join/renew my membership with PWD ACT, please find my cheque/money order enclosed

- Individual Member-People with a Disability (free)
- Associate Member-People without a disability (\$10.00 per year)

Email:..... Phone:

Disability.....(Optional)

Please send a cheque or money order for the amount indicated to 'The Treasurer', PWD ACT, PO Box 717 Mawson ACT 2607, or alternatively, pay online BSB 032-731 Account Number 12-0109 (if using this option please use your name and write 'membership' under the reference and either email or send this form to us)

Please sign and date this form for our records:

Signed _____ Date _____

Organisational Membership form

.....Organisation name), Contact name.....
of.....(Address)

We would like to join/renew our membership with PWD, please find my cheque enclosed

- Consumer Disability organisation Member (\$10.00 per year)
- Associate organisation Member (\$20.00 per year)

Email.....Phone:

Please send a cheque or money order for the amount indicated to 'The Treasurer', PWD ACT, PO Box 717 Mawson ACT 2607, or alternatively, pay online using PWD's account details: BSB 032-731 Account Number 12-0109 (if using this option please use your organization's name and write 'membership' under the reference and either email or send this form to us).

Please sign and date this form for our records:

Signed _____ Date _____