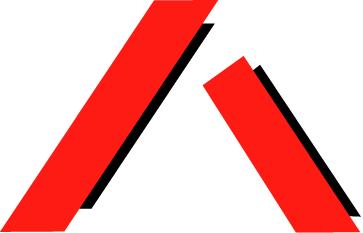
QAI Membership Application/Renewal



**Queensland Advocacy for Inclusion**

Advocacy for people with disability

Level 2, 43 Peel Street

PO Box 3384

South Brisbane QLD 4101

**T** (07) 3844 4200

**F** (07) 3844 4220

**E** [qai@qai.org.au](mailto:qai@qai.org.au)

**ABN** 97 527 905 201

***Membership with QAI is free, but must be renewed annually by completing and returning a valid membership form for the relevant financial year. Accordingly, membership will lapse if a renewal form is not received.***

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| **Financial Year:** | 2022/2023 | | | | | | | | | | | | | | |
| **Application:** | New | | | | | Renewal | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | |
| **Name:** |  | | | | | | | | | | | | | | |
| **Address:** |  | | | | | | | | | | | | | | |
| **Phone:** |  | | | | | | | | | | | | | | |
| **Email:** |  | | | | | | | | | | | | | | |
| **Preferred method of contact:** | | | | Email  Post  Call  SMS | | | | | | | | | | | |
| **Accessibility requirements:** | | | |  | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |
| **Do you identity as any of the following? *(optional)*** | | Aboriginal | | | | | | | | | Culturally and linguistically diverse | | | | | | |
| South Sea Islander | | | | | | | | | Member of the LGBTIQ+ community | | | | | | |
| Torres Strait Islander | | | | | | | | | None of these | | | | | | |
| Other: | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
| **Disability**  ***(for statistical purposes)*** | | I am a person with a disability | | | | | | | | | | | | | | | |
| I am a student or employee in a disability related area | | | | | | | | | | | | | | | |
| I am a family member of a person with a disability | | | | | | | | | | | | | | | |
| I am a friend or carer of a person with a disability | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
| **Donation:** | | All donations to Queensland Advocacy over $2 are tax deductible. | | | | | | | | | | | | | | | |
| Online at GiveNow | | | | | Direct Deposit | | | | | | | Cheque | | | Cash |
| Amount: | | | | | $ | | | | | | | | | | |
|  | |  | | | |  | | | | | | | | | | | |
| **Newsletter** | | | | | | | | | | | | | | | | | |
| If you would like to receive our newsletter, please indicate how you would like to receive it:  ***\*Please note:*** *to reduce paper usage and costs, QAI prefer to email newsletters. However, we understand some people may not have internet access, so if you still require the newsletter to be posted please indicate this by ticking the box below.* | | | | | | | | | | | | | | | | | |
| Email | | | Post | | | | | | | I would not like to receive the newsletter | | | | | | | |
|  | | |  | | | | | | |  | | | | | | | |
| **Systems Advocacy** | | | | | | | | | | | | | | | | | |
| Hearing the views of people with lived experience of disability is integral to QAI’s systems advocacy. It helps to inform our understanding of the key barriers to inclusion that continue to exist for people with disability.  From time to time, QAI convenes events, working groups, forums, and makes contact with members to ascertain the views of people with lived experience. Please indicate whether you are open to being contacted to provide input into our systems advocacy.  ***\*Please note:*** *If you indicate your preference not to be contacted, you will still be notified of opportunities to be involved via our mailouts and social media platforms.* | | | | | | | | | | | | | | | | | |
| I would like to be contacted | | | | | | | | | I do not want to be contacted | | | | | | | | |
| **Systems Advocacy Topics** | | | | | | | | | | | | | | | | | |
| Guardianship | | | | | Health | | | | | | | | | Human Rights & Discrimination | | | |
| Mental Health | | | | | Youth | | | | | | | | | Criminal Justice | | | |
| Restrictive Practices | | | | | NDIS | | | | | | | | | Education | | | |
| Indigenous issues | | | | | Other: | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **QAI Mission Statement and Objects** | | | | | | | | | | | | | | | | | |
| To advocate for the protection and advancement of the needs, rights and lives of people with disability in Queensland.  **EXTRACT FROM THE QAI CONSTITUTION – ARTICLE #3 OBJECTS**  The objects for which the Association is established are:   1. To advocate for the protection and advancement of the needs, rights and lives of people with disability in Queensland; 2. To protect and advance human rights including the Convention on the Rights of Persons with Disabilities (CRPD); 3. To be accountable to the most disadvantaged people with disability in Queensland; and 4. To advance the health, social and public wellbeing of disadvantaged people with disabilities. | | | | | | | | | | | | | | | | | |
| ***I agree with the QAI Mission Statement and the objects of the Association as noted above on this application form.*** | | | | | | | | | | | | | | | | | |
| **Signed:** | |  | | | | | | **Date:** | | | |  | | | | | |
| **Please note: QAI maintains public liability insurance to the value of $20,000,000** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **OFFICE USE ONLY FOR NEW MEMBERSHIPS** | | | | | | | | | | | | | | | | | |
| **Vote Outcome:** | | Membership Accepted | | | | | | | | | | | Membership Rejected | | | | |

**A picture containing fabric

Description automatically generated**