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**Associations Reg. No. A0044515V**

**AED legal centre**

*Liability limited by a scheme approved under Professional Standards Legislation*

# MEMBERSHIP FORM

**I would like to become a member of the Association of Employees with Disability Inc.**

**In becoming a member I agree to be bound by the rules and objectives of the Association.**

**NAME** ________________________________________

**ADDRESS** ________________________________________

**POSTCODE** ______________

**TELEPHONE** ____________________________

**e-mail:** ____________________________

**Please tick ✓ the category that applies to you or your organisation**

**Full member (voting)** ☐
A person with a disability or a personal experience of disability

**Associate member (non-voting)** ☐
A person without a disability

**An organisation for people with a disability or disadvantage** ☐

**Applicant's Signature ……………………………….date …../…../…..**

**Please complete and return to:**

**The Secretary**
**Association of Employees with Disability (AED) Inc**
**PO Box 236**
**Flinders Lane**
**VIC 8009**

**Funded by the Australian Government through**
**the Department of Families, Housing, Community Services and Indigenous Affair**