**Application for Individual and Family Membership**

|  |  |  |
| --- | --- | --- |
| **Individual Membership**  Any person with an impairment (voting) | **Family Membership**  A family who have a member of the family under the age of 18 years and with an impairment (voting) | **Associate Membership**  Any person or family without an impairment who is interested in the work and activities of DPA (non-voting) |

|  |  |
| --- | --- |
| **General Information** | |
| Name\* |  |
| Address\* |  |
| Phone Number |  |
| Email Address |  |
| Ethnicity |  |
| Preferred method of contact\* | Post  Text  Email  Phone |
| Preferred format for publications\* | Audio CD  Not Applicable  Braille  Large Print  Easy Read    NZSL  Other\_\_\_\_\_\_\_\_\_\_\_ |
| Access Requirements |  |

**Koha \_\_\_\_\_\_\_\_\_\_**

DPA membership is now free for individuals and families. If you would like to make a donation to DPA you can make a donation online:

Disabled Persons Assembly NZ Inc. - bank account number 020500 0175915 00, Bank of New Zealand. So that we can send you a receipt, please put your name in the reference field and “donation” in the particulars field.

**Code of Conduct statement**

As a member of DPA, respectfulness will be evident in all interactions associated with DPA. Business related to DPA will follow the DPA constitution, strategic plan and policies.

**Signature Date / /**

**The Following Part of this form is optional.**

**What type of impairment do you have?**

Hearing

Low Vision / Blind

Mobility

Learning

Psychological

**From time to time DPA is contacted to give thoughts/feelings on topical issues would you like to be contacted on any of the below topics?**

|  |  |
| --- | --- |
| Pacific  Maori  Youth  Over 65  Convention of the Rights of Persons with Disability.  Housing | Transport  Employment / Economic Development  Education  Health  Communications  Infrastructure  Other ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Privacy***

*None of this information gathered will be used in an identifiable form, or for any other purpose, without member’s permission. You are entitled to ask DPA for access to, and to correct your personal information.*