



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 <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/>
Preferred format for publications*	Audio CD <input type="checkbox"/> Easy Read <input type="checkbox"/> Large Print <input type="checkbox"/> Braille <input type="checkbox"/> Not Applicable <input type="checkbox"/> NZSL <input type="checkbox"/> 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

Transport

Maori

Employment / Economic Development

Youth

Education

Over 65

Health

Convention of the Rights of Persons with Disability.

Communications

Housing

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.
