



APPLICATION FOR MEMBERSHIP OF
WYNDHAM DISABILITY ACTION GROUP INC.
A0033919F

I

Of (Group)

Address:

Phone: (Hm) (Bus) (Mob)

Email:

Do you wish to have any information sent to you via email? Yes..... No

Do you care for someone with a disability/illness? Yes..... No

.....

Do you have a disability/illness? Yes No

If yes, what is your disability/illness?

.....

I agree to be bound by the rules of the Association for the time being in force.

..... Date:

Signature of Applicant

Please return this application form to:

The Secretary

Wyndham Disability Action Group

PO Box 1569

WERRIBEE PLAZA 3030

Or fill in, scan and email to :

Wayneslattery1@bigpond.com

0408583723

Please let us know if any of your mailing/contact details have changed!

**(PLEASE NOTE THAT THIS INFORMATION WILL REMAIN THE
PROPERTY OF WYNDAG AND WILL NOT BE PASSED ON TO ANYONE
ELSE.)**