

# ADEC Membership Application

**Our Mission:** To assist people with disability from ethnic backgrounds, and their carers and families, to access services and to ensure that service systems are inclusive and responsive to their needs.

**Our Vision:** To empower people with disability from ethnic backgrounds, and their carers and families, to fully participate as members of the Victorian community.

We thank you for taking an interest in the work of ADEC and would like to encourage you to become a member, or renew your membership, of our organisation.

ADEC provides advocacy, information, and support to people with disability and their carers and families, who are from non-English speaking backgrounds; and training, consultancy and advice to other service providers in working with non-English speaking clients.

Membership of ADEC automatically places you on our mailing list, and you will receive discounts on the sale of ADEC publications and training. You will also receive ADEC newsletters, notices of workshops, public meetings and other events conducted by ADEC.

You can become a member of ADEC by completing the form below and returning it to us, together with your remittance.

*Membership is valid from time of payment until two months after the date of the Annual General Meeting (AGM).*

Please complete the New Membership Application panel of the form and send or bring it to:

ADEC, 175 Plenty Rd, Preston, VIC 3072

Phone (03) 9480 1666

Fax (03) 9480 3444

**All new membership applications must be endorsed by a current member**  
**Membership Fees are Inclusive of GST      All donations over \$2.00 are tax deductible**

## New Membership Application

Please accept my application for ADEC ( <i>tick one</i> )		
<input type="checkbox"/> Concession/Pensioner (Individual) membership	\$10.00	
<input type="checkbox"/> Individual or Family membership	\$17.00	
<input type="checkbox"/> Organisation membership	\$65.00	
I enclose a cheque/money order for \$ _____		
Name		
Organisation (if applicable)		
Address		Postcode
Phone	Fax	Email
I would prefer information in the following language(s)		
Signature of new member		

## Endorsement by Current Financial Member of ADEC

Endorsed by current member	
Name	Signature

ACTION on DISABILITY within ETHNIC COMMUNITIES INC.  
ADEC Membership Application

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**Office Use Only**

Date paid	Amount received \$	Receipt no.
Paid by <input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Money order
Membership no.	Membership expiry date	
New members – date application endorsed by Board of Management		