

APPLICATION FOR MEMBERSHIP FORM  
**Beyond Disability Inc**

ABN: 82 846 344 613 A registered tax exempt charity in Australia Webpage [www.bdi.org.au](http://www.bdi.org.au)  
Registered for GST Registered Number A0037035K E-mail: [helpful@bdi.org.au](mailto:helpful@bdi.org.au) Mail to: Beyond Disability Inc. PO  
Box 1451 Pearcedale 3912. Secretary: [secretary@bdi.org.au](mailto:secretary@bdi.org.au) Team leader: Tricia McGill 0419 114 313

**Please Note:** If you have any physical or mental illness / condition, that is likely to adversely impact on our volunteers in any way. you must declare it on this application and we may require a full medical or RSL Welfare clearance before processing your application In the event that your application is refused, your initial payment will be refunded. **Veterans must provide their service number and pensioners their pension number**

**APPLICATION DETAILS**

I desire to become a member of BDI and wish to apply to receive the *Beyond Disability* (BDI) service and provide the following in support of my application:

Full name of applicant .....

Address: .....

.....Post code:.....Telephone: .....

Full description of disability:

.....  
.....

Date of birth: .../.../.....Age:.....Veterans—Service Number .....

School ..... Pension number.....

Second contact name, address & phone no:

.....  
.....

\* Second contact needs to fill out and sign the "Second Contact Form" and provide alternative phone & address details in case of emergency

**CONDITIONS OF APPLICATION**

In making this application for membership I confirm that:

1. I am physically or mobility disabled with a disability pension / veteran pension (or like pension) or on a pension which represents my primary source of income.
2. I have read and understood the "BDI Services Terms and Conditions" on the BDI website.
3. I have read and understood the "BDI Privacy Policy", available for download on the BDI website at [www.bdi.org.au](http://www.bdi.org.au) and hereby consent to BDI collecting my personal information for

the purpose of processing my membership application and otherwise using it in accordance with the BDI Privacy Policy. I understand that I can seek access to the personal information that BDI holds about me and that if I do not provide all the information sought by BDI in this application form, BDI may not be able to process my application or provide me with all the services and support I am seeking.

**PRIVACY DISCLOSURE AND PHOTOGRAPH CONSENT**

- 4. I consent to BDI using my personal information (which may include my first name, age and disability) for the purpose of:
  - (a) BDI contacting support groups on my behalf, to promote the BDI program(s) and/or obtain assistance or sponsorship support for me or for other BDI members, and in doing so may disclose personal information about me and my circumstances to these parties; and
  - (b) BDI publishing photographs of me in its publications, on its website and via other internet websites in order to promote the BDI program(s).
  - (c) I confirm I understand that the full policy is available to me on the BDI website.
- 5.  Please tick the box and describe any conditions you would like us to adhere to relating to the disclosure of your personal information.

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**FORMATION OF AGREEMENT**

- 6. You acknowledge and agree that once you have been notified that your membership application has been accepted and approved by BDI, this document and the "BDI Services Terms and Conditions" referred to in item 2 above, will form your Membership Agreement with BDI, and you will be bound by the terms and conditions contained within your Membership Agreement.
- 7. **If the applicant is a child, this application must be signed by a parent or nominated carer of the child.**

**SIGNATURE**

Signature of applicant/parent/carers: ..... Date: ...../...../.....

I, a member of BDI, nominate the applicant(s), for membership of BDI.

Signature of member: ..... Date: ...../...../.....

## PAYMENT OPTION

### **All applications for membership must include an initial payment which is:**

8. The first **Quarter's** programme fee of \$33 (inc GST) if you have your own broadband connection. Thereafter we prefer **\$11 monthly payment or \$33 quarterly** payment by bank debit as below
9. Or the **first Month's** payment of \$23 (inc GST) if you require **BDI Wireless Broadband**. Thereafter we prefer **\$23 monthly payment or \$69 quarterly** payment by bank debit as below

### **Payment Options:**

**Direct credit to our bank account:** Account name: **Beyond Disability Inc.**

**Account number: 131827487 BSB: 633 – 000**

**Bank: Bendigo Bank, Pearcedale Reference: (put your surname and initials here)**

Ask your bank if they can set up telephone banking to help you to pay your program fees on a timely basis.

**Post a cheque:** You can post a cheque to:

**Beyond Disability Inc. PO Box 1451 Pearcedale Vic. 3912**

If you need to discuss financial distress then please call Richard Stubbs on **0417 786 087** or Tricia McGill on **0419 114 313** or speak to your volunteer and ask them to get in touch with us, and if you qualify we will send sponsorship paperwork to you.

**Note the program fee is your part contribution to help cover the monthly broadband cost to BDI, currently up to \$50 a month, buying and updating the equipment, the high cost of insurance for a local group and training costs.**