



SPEAKING UP FOR YOU INC

THE PRECINCT
UNIT F2, 1ST FLOOR
12 BROWNING STREET
WEST END QLD 4101
PO BOX 5649
WEST END QLD 4101

PHONE (07) 3255 1244
FAX (07) 3255 1266
EMAIL sufy@sufy.org.au
WEB www.sufy.org.au

ABN: 58 812 329 872

SUFY is an independent individual social advocacy organisation for people with disability in Brisbane and the Moreton Bay region.

SUFY promotes a positive vision for their lives and advocates on their behalf to protect and defend them against people and systems that treat them unjustly.

SUFY'S OBJECTIVES

- 1 To speak, write and act for people with disability in a way that advocates against unfair and unjust things happening in their lives.
- 2 To support advocacy development efforts that educate community about the vulnerability of people with disability and the need for independent advocacy.
- 3 To enhance the positive image of people with disability in the community.
- 4 To network with individuals and organisations who support advocacy against unfair and unjust things happening in the lives of people with disability.
- 5 To be an effective, efficient and accountable organisation that works and reflects on social advocacy principles and practices.

MEMBERSHIP APPLICATION/RENEWAL

Members of SUFY believe in the objectives of the organisation and are supportive of the work SUFY does.

Please fill in the form below if you would like to become a member of SUFY. The following information is only for SUFY to know and will be kept confidential.

Please select which applies to you:

- I wish to become a new member of SUFY.
- I wish to renew my SUFY membership.

PERSONAL DETAILS

Full Name:			
Street:			
Suburb:		Postcode:	
Phone:			
Email:			
Signature:		Date:	

Disability (for statistical purposes)	<input type="checkbox"/> I am a person with a disability
	<input type="checkbox"/> I am a student or employee in a disability related area
	<input type="checkbox"/> I am a family member of a person with a disability
	Other:

Please turn over for payment details

PAYMENT DETAILS

Please indicate below which payment details apply to you:

Payment:	<input type="checkbox"/> \$Nil – I require a free membership	
	<input type="checkbox"/> \$10 – Individual membership	
	<input type="checkbox"/> \$20 – Organisation membership – For organisations who are allies of SUFY and do not have voting privileges	
Method:	<input type="checkbox"/> Cash	
	<input type="checkbox"/> Cheque	Please make cheque to: Speaking Up For You Inc.
	<input type="checkbox"/> Direct Deposit	Payment can be made to: Speaking Up For You Inc. Bank: Bank of Queensland BSB: 124 089 Account No: 10350053 Please use reference: First initial and last name
Donation:	Payment can be made to: Speaking Up For You Inc. Bank: Bank of Queensland BSB: 124 050 Account No: 12350053	

SUFY PROTECTS AND DEFENDS VULNERABLE PEOPLE WITH A DISABILITY THROUGH INDIVIDUAL ADVOCACY TO ADDRESS INJUSTICES AND TO MAKE A POSITIVE AND SUSTAINABLE DIFFERENCE TO THEIR LIVES.

OFFICE USE ONLY			
Status:	<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted	
Date paid:		Invoice #:	