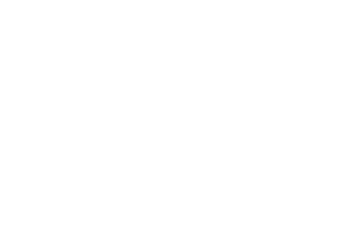
**MEMBERSHIP APPLICATION/RENEWAL**



**SPEAKING UP FOR YOU INC**

GROUND FLOOR, UNIT 1  
225 MONTAGUE ROAD  
WEST END QLD 4101  
  
PO BOX 5649  
WEST END QLD 4101

**PHONE (07) 3255 1244**

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.

**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) | I am a person with a disability |
| I am a student or employee in a disability related area |
| I am a family member of a person with a disability |
| Other: |

1. ***Please turn over for payment details***

**PAYMENT DETAILS**

Please indicate below which payment details apply to you:

|  |  |  |
| --- | --- | --- |
| **Payment:** | $Nil – I require a free membership | |
| $10 – Individual membership | |
| $20 – Organisation membership – For organisations who are allies of SUFY and do not have voting privileges | |
| **Method:** | Cash | |
| Cheque | **Please make cheque to:** Speaking Up For You Inc. |
| 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:** | **Donations 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:** | Accepted | Not Accepted | |
| **Date paid:** |  | **Invoice #:** |  |