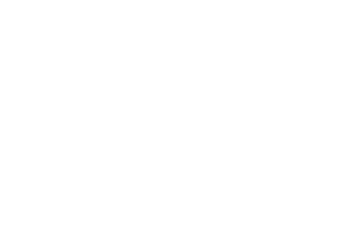
**MEMBERSHIP APPLICATION/RENEWAL**



**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 the Brisbane and Moreton Bay Regions. We defend and promote the human rights of vulnerable people with disability through advocacy to address injustices and make a positive difference to their lives.**

**SUFY’S PRINCIPLES**

1. Human rights: SUFY will promote and defend the human rights, lives, autonomy and relationships of each person with disability including children and young people whom we support in an advocacy relationship.
2. Social Justice: SUFY will operate in ways that support the achievement of rights, equity, access, participation, and equality in our advocacy work with each person.
3. Inclusion in Community Life: SUFY will operate in ways that value and support the inclusion of people with disability including children and young people to live a good life with choice in their diverse communities.
4. Priority of the most vulnerable and marginalised: In all its work SUFY will prioritise those who are most at risk and least able to speak up for themselves.

**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 #:** |  |