

**APPLICATION FOR MEMBERSHIP OF THE
DISABILITY DISCRIMINATION LEGAL SERVICE INC.**

I / the Organisation

_____ *Name*
Contact Name (Organisational Members)

_____ *Name*

Of _____
Address for Mail

Phone _____

Fax _____

E-mail _____

...apply to become an Organisational / Associate / Ordinary member of the Disability Discrimination Legal Service and I / we agree to abide by the Aims and Purposes, and rules of, the service as set out in the Constitution.

Signed _____

Dated _____