

**Disability Discrimination Legal Service Inc  
Membership Application Form**

<b>Name:</b>	
<b>Address:</b>	
<b>Phone number(s):</b>	
<b>Email address:</b>	
<b>Date completed:</b>	
<b>1. Why do you wish to become a member of the DDLS? How did you find out about our legal centre?</b>	
<b>7. What do you feel you can contribute to the DDLS as a member?</b>	
<b>13. What do you hope to gain from being a DDLS member?</b>	

<b>19. What commitment or support do you feel you can provide the DDLS?</b>	
<b>25. What specific experience do you have in relation to people with disabilities?</b>	
<b>31. What specific experience do you have as a member of community agencies?</b>	
<b>37. What other information do you wish to provide</b>	

I/we 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 \_\_\_\_\_

**Thank you for completing this form.**