

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

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

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

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.