



OUR MISSION

The Paraplegic & Quadriplegic Association of SA Inc. is committed to serving and promoting the best interests of people with disabilities in a manner which recognises their worth and dignity, their right to experience life's events and develop their full potential.

PRIVACY STATEMENT

Personal information including sensitive information collected by PARAQUAD SA will be used to process your membership and/or donation. Your information will only be used to send you information about PARAQUAD SA services and activities. PARAQUAD SA will not give or sell your details to a third party.



SERVICES OFFERED BY PARAQUAD SA

- *Accommodation Advisory Service*
- *Community Lifestyle Advisory Service*
- *Family Support Group*
- *Home Based Counselling and Support Service*
- *Peer Support Advocate Service*
- *Qwerty Internet Café*
- *Recreation Program*
- *Volunteer Program*

Head Office
28 Lower Portrush Rd
MARDEN SA 5070
PO Box 396
MARDEN SA 5070

Phone: (08) 8355 3500
Fax: (08) 8355 3511
E-mail: pqa@pqasa.asn.au
Web: www.pqasa.asn.au



The Paraplegic and Quadriplegic Association of
SA Incorporated

Application for Membership

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Membership, which is open to individuals falls due on 1 July of each year.

BENEFITS

- Subscription to PARAQUAD SA's newsletter, *PQA News*
- Invitations to seminars and functions
- An invitation to the Annual Christmas Party
- Voting rights at Annual General Meetings of PARAQUAD SA
- Participate in Services and Activities offered by PARAQUAD SA
- Eligibility for election to PQA's Board of Management
- subscription to *Link Magazine* (a Bi-monthly Publication examining issues from a disability perspective)

APPLICATION FOR MEMBERSHIP I hereby make application for membership to the association.

- FREE Membership** (*Person with a physical or neurological disability—requiring the use of a Wheelchair or similar mobility aid*)
- | | |
|---|---|
| <input type="checkbox"/> Paraplegia | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Quadriplegia | <input type="checkbox"/> Amputation |
| <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> Motor Neuron Disease |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Other |
| <input type="checkbox"/> Arthritis | |

The above information is collected for statistical purposes only.

- \$20 Individual Membership wage earner
 \$5 Concession (please state) _____
 \$10 Non-member newsletter subscriber only

ALL MEMBERSHIP FEES ARE INCLUSIVE OF GST

Title:First Name:

Surname:

Date of birth:/...../.....

Address:

.....

Postcode:

Ph:..... Mobile.....

Email:.....

Signature: Date:...../...../.....

By signing this form, and on acceptance of their membership, applicants agree to be bound by the constitution, rules and by-laws of the Association.

DONATIONS

Donations assist PARAQUAD SA to provide services that meet the needs of our members and clients.

Please accept my donation of: \$ _____
All donations of \$2 or more are tax deductible

Payment Details **TAX INVOICE**

This form becomes a tax invoice on payment of membership. ABN 92 713 327 348

Enclosed is my

Cash Money Order Cheque
or

Please debit the amount below from my

Visa MasterCard

Card Number:

_____/_____/_____/_____

Expiry Date: ____/____

Amount: \$ _____

Name on card: _____

Signature _____

Date: _____

Please return the completed form to the address below

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