



## 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](mailto:pqa@pqasa.asn.au)  
Web: [www.pqasa.asn.au](http://www.pqasa.asn.au)



The Paraplegic and Quadriplegic Association of  
SA Incorporated

# Membership Renewal 2011/2012

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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 RENEWAL OF 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)
- Paraplegia
- Quadriplegia
- Spina Bifida
- Poliomyelitis
- Multiple Sclerosis
- Arthritis
- Cerebral Palsy
- Amputation
- Muscular Dystrophy
- Motor Neuron Disease
- Other

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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