

Individual Membership Application Form for people with intellectual disability.

Membership for people with an intellectual disability is **free**.

Name:

Address:

.....
.....

State: Postcode:

Telephone:

Email :



Membership Agreement

I agree with the Principles and Objectives of NSWCID.

My name:

My signature:.....

Date:



If you need help with this form call 1800 424 065

Support of Membership

NSWCID asks you to get two members to sign this form.

This shows they support your application.

If you do not know any members still send your this form to us.

Supporters

1. Name:.....

Signature:.....

Date:



2. Name:.....

Signature:.....

Date:

Give this form to NSW CID staff or

Post this form to:

NSW Council for Intellectual Disability

Level 2, 418a Elizabeth Street,

SURRY HILLS NSW 2010

