



Disabled Motorists Australia

ACN 005 611 496 A Company Limited By Guarantee A.B.N. 16 765 979 059

2A Station Street Coburg, Victoria 3058 Phone/Fax: (03) 9386 0413
Email: dma@disabledmotorists.org.au

APPLICATION FOR MEMBERSHIP

Mr/Mrs/Ms (surname) _____ Given Name/s _____

Address _____

State: _____ Post Code _____

Phone No. () _____

Email: _____

Date of Birth: _____ day _____ month _____ year

I wish to apply for the following category of membership of Disabled Motorists Australia:

Please tick one of the following

Category 1(a) [driver with a disability]

I have a disability assessed by the authorities governing drivers' licences in any Australian State or Territory and am legally licensed to drive a registered vehicle []

Category 1(b) [passenger with a disability]

I have an assessed disability and I own or use a registered motor vehicle for my personal transportation, driven by a family member or carer []

Category 2 [motorised wheelchair/scooter user]

I have an assessed disability and am authorised to use a motorised mobility device []

Associate Member

I am a relation/friend/carer of a Category 1 or 2 member and assist that member in participating in DMA activities []
or

I am the authorised representative of an organisation that is a legal entity and aims to promote the welfare of Disabled Motorists Australia []

Name of organisation: _____

I have a car registered in my name: YES [] NO []

I hold a Disabled Persons Parking Permit YES [] NO []

Membership Fees:

Type of Membership	Membership Fee
Category 1	\$35
Category 2	\$35
*Concession rate (for either Category 1 or 2)	\$30
Associate	\$25

Joining Fee (all categories): \$10

*Concession rate is available to those receiving government pensions.

Cont.

Details of govt. pension: Disability [] Aged [] Veterans [] Mobility allowance []

Pension number: _____
(attach copy of concession card)

Payment Method: Cheque [] Money Order [] Visa [] Mastercard []

For the sum of: \$..... (membership fee + joining fee)

Credit Card Number:

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Name on credit card: **Expiry Date:**/.....

Signed: **Date:**

The information I have supplied is true and correct; I agree to abide by the rules and conditions of membership of Disabled Motorists Australia.

Signature of Applicant _____ Date _____

Note: if applicant is under the age of 18 years, the signature of a parent or guardian is required.

Parent/guardian signature _____

Send completed application and subscription fee to Disabled Motorists Australia's registered address (Details on page 1)

The Board of Directors will assess your application. The successful application will be notified and a membership card will be forwarded by post. (Please allow 21 days for card on receipt of payment).