

Women With Disabilities Australia

Associate Membership Form

To become an Associate Member, you must be:

A woman, feminine-identifying or non-binary person who:

- is aged 15 years or above
- is living in Australia
- in the reasonable opinion of the Board is supportive of the aims and objectives of WWDA.

Contact details

These questions are about who you are and how best to contact you.

First Name (required):

Last Name (required):

Email (required):

Phone (required):

Address (required):

Street Address:

Address Line 2:

City:

State/Province/Region:

ZIP/Postal Code:

Country:

Date of birth (required):



About you

These questions help WWDA understand the experiences of our community and strengthen our advocacy. We know that language can sometimes feel limited, and the answer options may not fully capture your experience. Please choose the responses that feel most right for you. WWDA values the diversity of our community, and we want everyone filling out this form to feel respected, recognised and included. Your information will be kept confidential.

Do you confirm that you identify with one or more of the following: woman, non-binary, feminine-identifying? (Required)

This wording reflects who is eligible to be a full member under our Constitution. As an organisation we represent women, girls and gender-diverse people with disability.

☐ Yes - I am a woman, non-binary and/or feminine-identifying person.

Do you have family members or friends who are part of the disability community? (Required)

☐ Yes

☐ No

☐ Prefer not to say

Do you provide care for, or identify as a carer of someone who is in the disability community? (Required)

☐ Yes

☐ No

☐ Prefer not to say

Are you someone who works in the disability sector? (Required)

☐ Yes

☐ No

☐ Prefer not to say

Do you agree to WWDA contacting you about your experiences to support our advocacy work (Required)?

☐ Yes

☐ No



Membership declaration

WWDA understands that some members may complete this form themselves, while others may do so with assistance from a carer, support person or trusted representative. Both approaches are recognised and accepted.

Membership requirements (Required)

- ☐ I understand the conditions of WWDA's membership requirements. *

Eligibility (Required)

- ☐ I confirm that I am eligible to join WWDA. *

Privacy Policy (Required)

- ☐ I agree to [WWDA's Privacy Policy](#). *

Membership Register (Required)

- ☐ I consent to my name and membership details being included on WWDA's membership register. *

Mission and values (Required)

- ☐ I confirm that I align with the mission and values of WWDA, agree to abide by the constitution, and wish to join as a Associate Member.

I consent to receive direct marketing communications and information from WWDA (Required).

- ☐ I consent
☐ I do not consent.

Signed:

Date:



Completed forms

Your information will only be used by WWDA to manage your membership and related communications, and will be handled in line with our privacy obligations.

Please send your completed membership form to:

Email: Members@wwda.org.au

Alternative methods

If you would prefer not to use this form, there are other ways to become a member or stay up to date with WWDA.

You can:

- Become a [Full Member](#)
- Get the [Easy Read form](#)
- Email officeadmin@wwda.org.au
- Go to the [WWDA website](#)
- Sign up to [our newsletter](#)