

Women With Disabilities Australia

Full Membership Form

To become a Full Member, you must be:

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

- identifies as having a disability
- is aged 15 years or above
- is living in Australia.

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.

Are you someone with trans or gender-diverse experience (meaning your gender identity may not align with your sex assigned at birth)?

☐ Yes

☐ No

☐ Prefer not to say

Do you identify as being part of the LGBTQIA+SB community?

☐ Yes

☐ No

☐ Prefer not to say

Do you identify as being Aboriginal and/or Torres Strait Islander?

☐ Yes – I identify as Aboriginal

☐ Yes – I identify as Torres Strait Islander

☐ Yes – I identify as Aboriginal and Torres Strait Islander

☐ No – I do not identify as Aboriginal or Torres Strait Islander

☐ Prefer not to say

Do you come from a culturally and linguistically diverse background?

☐ Yes

☐ No

☐ Prefer not to say



Do you come from a migrant or refugee background?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Which disability communities do you identify with (please select all that apply to you)? (Required)

- ☐ Neurodivergent community (for example: Autism, ADHD, Tourette syndrome)
- ☐ Intellectual disability community (for example: Down syndrome, Fragile X syndrome, Prader-Willi syndrome, foetal alcohol spectrum disorder)
- ☐ Acquired/traumatic brain injury community (for example: brain injury due to accident, stroke, illness, violence or other trauma)
- ☐ Dementia community (for example: Alzheimer's disease, vascular dementia, Lewy body dementia, frontotemporal dementia)
- ☐ Psychosocial disability community (for example: mental health condition/s, mental health service users)
- ☐ Neurodegenerative disability community (for example: multiple sclerosis, motor neurone disease, Parkinson's disease, Huntington's disease)
- ☐ Physical disability community (for example: cerebral palsy, spinal cord injury, muscular dystrophy, limb or facial difference, amputation)
- ☐ Blind or low-vision community
- ☐ Deaf or hard of hearing community
- ☐ Not listed here

If not listed, please describe your disability community you identify with, or what disability/s you have:

Do you live with one or more chronic health conditions?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say



Are you a participant in one or more of the following: (Required)

- ☐ NDIS
- ☐ Aged Care
- ☐ Receive Disability Support Pension (DSP)
- ☐ None of the above
- ☐ Not listed here
- ☐ 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 Full Member. *



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

☐ Yes – I consent.

Signed:

Date:

Completed forms

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 [Associate Member](#)
- Get the [Easy Read form](#)
- Email officeadmin@wwda.org.au
- Go to the [WWDA website](#)
- Sign up to [our newsletter](#)
- Join our [WWDA Community Facebook group](#)

You can also ask a family member, support person, advocate or friend to assist you.