



DISABILITY MATTERS MEMBERSHIP APPLICATION

Applying Member to complete:

I, _____, would like to apply for Membership of Disability Matters.
I have been made aware of the process involved and that I am willing and able to pay the
Membership fees as designated by the Board of Management.

Address: _____

Ph: _____ Mobile: _____

Name: _____ Signature: _____ Date: ___/___/___

Current Members to complete:

I, _____, being a current member of Disability Matters, support this
application for membership and propose that this application be accepted by the Board of
Management, Disability Matters.

Proposer:

Name: _____ Signature: _____ Date: ___/___/___

Secunder:

Name: _____ Signature: _____ Date: ___/___/___

Secretary to complete:

Having been considered by the Board of Membership at the _____ Board
Meeting, this application for membership has been **accepted / declined** (please circle).

This decision has been recorded in the Board of Management Meeting Minutes.

Secretary:

Name: _____ Signature: _____ Date: ___/___/___