 **Application and Declaration**

Membership Application

|  |  |
| --- | --- |
| Applicant name / Organisation |  |
| Address  |  |
| Mailing Address (if applicable) |  |
| Phone |  | Fax |  |
| E-mail |  | Web |  |

 Individual\* member Family member/ Carer\* Organisation

***Membership eligibility:*** *\* “Individual” means a person who has a disability, chronic illness or a mental illness, or a family member who is the carer of a person with a disability, chronic illness or a mental illness, or who is frail.*

**The Applicant applies to be a member of WAiS and acknowledges that Membership of WAiS is open to \*Individuals and Organisations who:**

1. support individualised planning and delivery;
2. can demonstrate their commitment to provide individualised planning and delivery (Organisations); and
3. endorse and actively promote the Objects of WAiS.

**The Applicant declares, endorses, promotes and actively adopts the following Self-Directed principles in its general operations;**

1. **Independent living** - I have a right to live my life in a way that makes sense to me.
2. **Entitlement** - I have a right to enough support and a right not to be over supported.
3. **Self-determination** - I have a right to make decisions about how I live my life and, if needed, I have a right to be supported by people who know me and love me to make those decisions for and with me.
4. **Transparency** - I have a right to be told clearly and simply how the system of entitlement works and how the rules affect me; including how much money I am entitled to for my support.
5. **Choice** - I have a right to use my money in any way that helps me to live my life; including the freedom to take risks, make mistakes and learn from them.

**The Applicant declares that it endorses and promotes the Objects of WAiS;**

1. Provide a clear and coherent voice for individualised services and individuals within the community services sector.
2. Share resources and techniques amongst Members that consolidate and enhance individualised services delivery; to include advocacy, education, provision of information and other practical support;
3. Educate others about individualised services through conferences, workshops, information, advice and resources;
4. Provide agency-to-agency mentoring for emerging individualised services;
5. Publish position papers, respond to position papers published by others and make submissions on behalf of its Members;
6. Influence government policies that have the potential to impact on individualised services;
7. Lobby government, the community and the broader sector to expand the range and number of individualised services through leadership and advice to the sector on individualised services and
8. Support and contribute to research into individualised services

**Contact Person/s:**

|  |  |
| --- | --- |
| Name |  |
| Position **OR** Relationship to applicant |  |
| Phone |  | Email |  |

**Voting Representativ**e Person who will be eligible to vote at the WAiS AGM

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Phone |  | E-mail |  |

**Additional people to be added to the WAiS mailing list (if required):**

|  |  |
| --- | --- |
| Name  | Email  |
|  |  |
|  |  |
|  |  |
|  |  |

**Membership Fee Payable**

|  |  |  |
| --- | --- | --- |
| **Annual Funding Income** | **Annual Fee** | **Please tick** |
| Up to $1,000,000 | $750 |  |
| $1,000,000 to $5,000,000 | $1,500 |  |
| More than $5,000,000 | $2,500 |  |
| Unfunded / Associated Organisations | $375 |  |
| Individual\* | $100\*\* \*\*A concession rate may be applied at the discretion of WAiS CEO (if applicable).  |  |

**Please send to:**

**WESTERN AUSTRALIA’S INDIVIDUALISED SERVICES INC (WAiS)**

**Bluenote Building Unit 16, 162 Colin St, WEST PERTH, WA 6005**

**🖂** **admin@waindividualisedservices.org.au** **🕿 (08) 9485 1997**