

 Membership Application

**Application and Declaration**

|  |  |
| --- | --- |
| Applicant/ Organisation |  |
| Business Address |  |
| Postal Address |  |
| Phone |  | Fax |  |
| E-mail |  | Web |  |

**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 service planning and delivery;
2. can demonstrate their commitment to provide individualised service 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;
8. Support and contribute to research into individualised services; and
9. The property and income of the WAiS shall be applied solely towards the promotion of the objects of the WAiS and no part of that property or income may be paid or otherwise distributed, directly or indirectly, to members of the WAiS, except in good faith in the promotion of those objects.

**Supporting Documentation (Organisations)**

|  |  |
| --- | --- |
| Annual Report: | 🞎 |
| Strategic Plan: | 🞎 |
| Other (if any): | 🞎 |

**Contact Person:**

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

**Voting Representativ**e (for WAiS AGM)

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

**Authorised Signatory of Applicant**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Signature |  | Date |  |

**Membership Fee Payable**

|  |  |  |
| --- | --- | --- |
| **Annual Individualised 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 Organisations | $$375 |  |
| \*Individual  | $100\*\*\*\*A concession rate can be applied at the discretion of WAiS CEO (if applicable) |  |

**Acceptance**

By resolution of the Committee of Management, the application for membership of WAIS is accepted / rejected.

|  |  |
| --- | --- |
| Chairperson/CEO |  |
| Signature |  |
| Date |  |

**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.

**Please send to:**

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

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

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