

Membership Form

Full membership is for women, girls, nonbinary and feminine identifying people with disability in the ACT. Allies may become associate members.

Full Name:			
Email:			
Phone	No:		
Age:	□ Under 30	□ 31-40	
	□ 41-50	☐ 51 or over	
Gende	er:	·	
I identify as having disability/ies (please tick): \Box			
Postcode:			