



Defence Special Needs Support Group Ltd.

PO Box 31, Deakin West, ACT 2600
1800 037 674

NEW MEMBERSHIP FORM

Serving Members Name:

Service (please select): Army Navy Air Force Base:

Partners Name:

Address:

Suburb: State: Postcode:

Phone 1 (Name): Phone 2 (Name):

Email:

To be eligible for a DSNSG membership, the application must satisfy at least one of the following:

- A. Is a Special Needs Person or has a Dependant that is a Special Needs Person and a current or former Australian Defence Personnel (permanent or reserve), or a partner (or former partner) of a current or former Australian Defence Personnel.
- B. Or is a former Dependant (over 18 years of age) of a Special Needs Person which is an Australian Defence Force Personnel or former Australian Defence Force Personnel.

If the application does not meet the criteria under the DSNSG constitution clauses 6.2(b)(i) and 6.2(b)(ii), as above, but the Board, using its discretion, determines such person is suitable to become a member.

Please select from the following:

ADF Member ADF Reserve ADF Veteran Partner of ADF Member

Other please specify:

DEPENDANT INFORMATION (List all Dependants)

Dependant 1

Name:

DOB:

Special Need/s: Male: Female:



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Dependant 2

Name:

DOB:

Male:

Female:

Special Need/s:

Dependant 3

Name:

DOB:

Male:

Female:

Special Need/s:

Dependant 4

Name:

DOB:

Male:

Female:

Special Need/s:

Dependant 5

Name:

DOB:

Male:

Female:

Special Need/s:

Dependant 6

Name:

DOB:

Male:

Female:

Special Need/s:

How did you find out about Defence Special Needs Support Group:

Defence Publication

If so please list which one?

Other

If so, where?



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Preferred Contact:

Email: Phone:

What programs are you interested in: -

For more information on these programs please visit www.dsnsng.org.au

Drive Safe Program		Computer 4 Kids	
Access to Grants (APSBS)		Family Events	
FYI (For Your Information)			

Would you like to be added to the DSNSG Facebook Page?

Yes

If yes, please provide us with the email address associated with your Facebook account

Facebook email:

No

Signature: Date:

By signing this document, you agree that all information is true and accurate

In accordance with the privacy act, DSNSG Constitution, Policy & Procedures; your details are only seen by the Board and Local Area Coordinator. Member names will only be given to a third-party auditor for accurate member records.

Please return completed form to memberships@dsnsng.org.au



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OFFICE USE ONLY

Full / Associate Member

Contact ID Number:

	Date	Signed
Form Received		
Added to Local List		
Local Coordinator Contact		
Added to Facebook		
Program Follow Up		
Welcome Info sent		

Version Control:

Version: 5.0