



www.hdn.org.au

# Huon Disability Network

*None of us are alone*

## Personal / Family Membership Form

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name of person with disability: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nature of disability: \_\_\_\_\_

Mother's first name: \_\_\_\_\_ Surname: \_\_\_\_\_

Father's first name: \_\_\_\_\_ Surname: \_\_\_\_\_

I am/my child is eligible for the NDIS.

Please tell us what your needs are in relation to support in Southern Tasmania

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would you like to support the Huon Disability Network as a volunteer?

What skills do you have/what would you like to do?

Join the Management Committee

Help with the website

Fundraising activities

Grant writing

Other: \_\_\_\_\_

The HDN does not release members' information for marketing purposes, however we lobby government and service providers to upgrade or extend support services in Tasmania's south.

I give the HDN my consent to share my information in submissions to service providers and government.

Signature: \_\_\_\_\_

Membership is free

Please send this form to:

The Secretary, Huon Disability Network Inc

PO Box 376

Cygnnet TAS 7112

Or email to:

admin@hdn.org.au