



# Defence Special Needs Support Group Inc

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

## NEW MEMBERSHIP FORM

**Serving Members Name:**

**Service (please circle):** Army / Navy / Air Force      **Base:**

**Partners Name:**

**Address:**

**Suburb:**    **State:**    **Postcode:**

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

**Email:**

**Please tick the box of which category you are in:**

**Full Member:**

A Defence member, spouse or de-facto spouse of a Defence member who has or had a dependent with a special need; or a Defence Reserve member, spouse or de-facto spouse of a Defence Reserve member who has or had a dependent with a special need; or a retired Defence member, spouse or de-facto spouse of a retired Defence member who has been a Defence member for at least six years and has had continuous involvement with the Society. A full member is eligible to vote at meetings and to hold Committee positions except those positions which are specifically qualified within the Constitution.

**Associate Member:**

Associate Membership includes individuals who, or organisations which, are interested in and support the aims of the Society; or a spouse or de facto spouse of a Defence member or a Reserve member who is separated from the Defence member or the Reserve member, but who still provides care for the dependant with a special need. An Associate Member is not entitled to vote at meetings or hold Executive, or other committee positions, however, may hold a Regional or Local Area Support Group Committee position, in exceptional circumstances, with the approval of the National Executive Committee. Associate members are not entitled to access DSNSG programs or utilise the DSNSG subsidy for attendance at other activities.

### DEPENDENT INFORMATION (List all Dependents)

#### Dependent 1

Name:

DOB:    Male:    Female:

Special Need/s:



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## Dependent 2

Name:

DOB:

Male:

Female:

Special Need/s:

## Dependent 3

Name:

DOB:

Male:

Female:

Special Need/s:

## Dependent 4

Name:

DOB:

Male:

Female:

Special Need/s:

## Dependent 5

Name:

DOB:

Male:

Female:

Special Need/s:

## Dependent 6

Name:

DOB:

Male:

Female:

Special Need/s:

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

Friend

DCO

Unit

Facebook

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](http://www.dsnsng.org.au)*

Posting Plans		Family Events	
National Parent – to – Parent Network		Computer 4 Kids	
Drive Safe Program		FYI (For Your Information)	
Access to Grants (APSBS)		Family & Emergency Care Plans	

**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:**

*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 National Executive Committee 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](mailto: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: 2.0

Approved by the National Executive Committee: 3<sup>rd</sup> October 2019

Issued: 14<sup>th</sup> October 2019