






Deaf Australia Supporter Application Form

Individual or organisation Supporter Details complete Part A	Part A – Individual or Organisation
	*Mr / Mrs / Ms / Miss /.....
*First Name	
*Surname	
*Organisation (if applying for organisation)	
*Email	
*Are you	Deaf <input type="checkbox"/> Hearing <input type="checkbox"/> Hard of hearing <input type="checkbox"/> Parent of deaf/hard of hearing child <input type="checkbox"/> (please fill out Part B as well)
*Address	
*State & Postcode	
Occupation	
Phone	TTY / SMS / Voice / Fax

Individual Junior Supporter Details complete Parts A & B	Part B – Junior (under 18 years of age)
	*Mr / Ms / Miss /.....
*First Name	
*Surname	
*Email	
*Are you	Deaf <input type="checkbox"/> Hard of hearing <input type="checkbox"/>
*Are you	Under 12 years old <input type="checkbox"/> 12 – 14 years old <input type="checkbox"/> 15- 17 years old <input type="checkbox"/>
Do you have other deaf/hard of hearing siblings?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many? ____
*Parent/Guardian's Signature	

* Information in these fields is required.

Deaf Australia State branches may also send you information at their discretion. Do you wish to receive information from your State branch? Yes No

	<p style="text-align: center;">Deaf Australia (NSW) Inc.</p> <p style="text-align: center;">Postal Address: PO Box 4681, North Rocks NSW 2151 Office: 361-365 North Rocks Rd, North Rocks NSW 2151</p> <p style="text-align: center;">TTY: (02) 9871 8400 FAX: (02) 9871 8218 E-mail: nswad@deafau.org.au URL: www.nswad.org.au</p>
	<p style="text-align: center;">Queensland Association of the Deaf</p> <p style="text-align: center;">Postal Address: PO Box 1083, Stafford Qld 4053 Office: 271A Stafford Road, Stafford Qld 4053</p> <p style="text-align: center;">E-mail: qlddeaf@gmail.com</p>
	<p style="text-align: center;">Deaf Australia (SA) Inc.</p> <p style="text-align: center;">Office: c/- 262 South Terrace, Adelaide SA 5000</p> <p style="text-align: center;">TTY: (08) 8223 6530 FAX: (08) 8232 2217 Voice: (08) 8223 3335 E-mail: saad01au@gmail.com</p>
	<p style="text-align: center;">Victorian Council of the Deaf Inc.</p> <p style="text-align: center;">Postal Address: PO Box 6186, St Kilda Road Central, Melbourne VIC 8008</p> <p style="text-align: center;">Office: 597 St Kilda Rd, Melbourne VIC 3004</p> <p style="text-align: center;">TTY: (03) 9521 2466 Voice: (03) 9521 2466 E-mail: info@vcod.com.au URL: www.vcod.com.au</p>
	<p style="text-align: center;">Western Australian Association of the Deaf Inc.</p> <p style="text-align: center;">Postal Address: PO Box 8558, Perth BC WA 6849</p> <p style="text-align: center;">TTY: (08) 9441 2655 (Patricia Levitzke-Gray) FAX: (08) 9441 2616 (Attention: Patricia Levitzke-Gray)</p> <p style="text-align: center;">E-mail: waad6915@hotmail.com</p>