



# Membership Form

## 1. Your details

**Name:** .....

**Address:** .....

.....  
(The SFF Assoc only operates in Victoria, Australia)

**Email:** .....

(The SFF Assoc primarily uses email for Newsletters. Other information is available on the website)

**Preferred phone number:** .....

### Your interest:

- Family member of someone living in SIL-SDA group home
- I live in a SIL-SDA group home
- Supporter of someone living in SIL-SDA group home
- Other (please state) .....

Descriptions of SIL and SDA are on the [National Disability Insurance Scheme](#) (NDIS) website

## 2. Return the form

Please fill in the form, and send by email to the SFF Association:

[info@supportivefamilies.org.au](mailto:info@supportivefamilies.org.au)

## 3. Membership costs

*Annually:* Full fee \$10.00; Concession \$5.00.

*Please do a bank transfer:*

BSB: 083 210 Account no. 179859084.

Please give your name, and indicate if payment is a subscription or a donation.

Contact the Secretary with any queries Ph. 0458775954

## Privacy

Your information will not be shared with anyone else.

The information will only be used for the purposes of keeping you informed about activities of the Association.