



Client Membership Application and Renewal Form

Membership at Endeavour Foundation

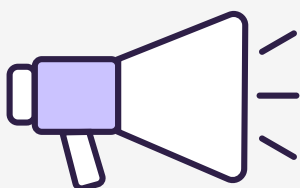


We started in 1951.



We support people with disability with:

- Learning
- Work and jobs
- Places to live
- Lifestyle and community activities



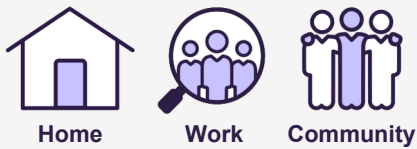
We also speak up for people with disability.



Why become a member?



- You can share your ideas and feedback.



- You can help us make our services better.



- You can support people with disability to live their best lives.



- You can vote at the Annual General Meeting and Director elections.



Client Members



If you get support from us, you can be a member for free.



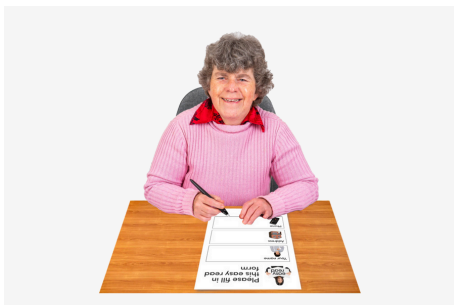
You can choose a Communication Person (someone you trust) to help you:



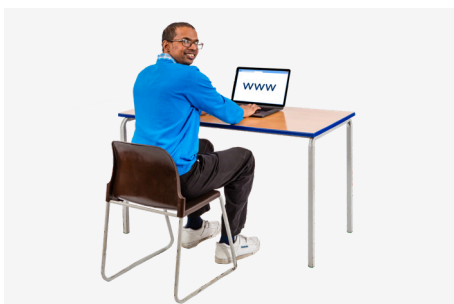
- understand information



- use your rights as a member



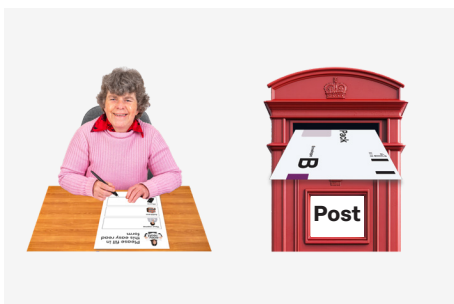
How to join or renew



Apply online:
endeavour.com.au/membership

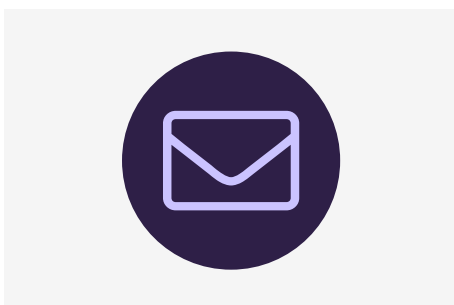
OR

Fill out the form below and mail to:

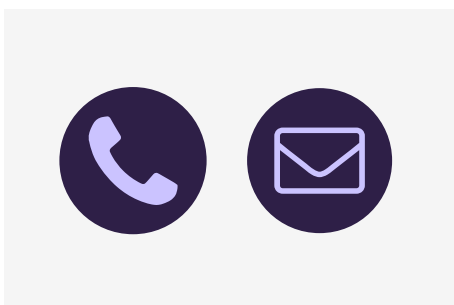


Membership
Endeavour Foundation
PO Box 3554, Tingalpa, Qld, 4173

OR



Email your form to:
membership@endeavour.com.au



For more information

Call: **1800 112 112**
Email: **membership@endeavour.com.au**

2025/2026 Membership Application/ Renewal Form

Please tick one of the below options:



☐ I would like to become a Member of Endeavour Foundation.

☐ I would like to renew my existing membership of Endeavour Foundation.



Your details:

Title: Ms, Mrs, Mr, Dr (please circle or select)

First Name: _____

Last Name: _____

Existing Member ID (if known): _____



Address where you live:



Mail address if different to above:

2025/2026 Membership Application/ Renewal Form



Phone: _____

Mobile: _____

Email: _____

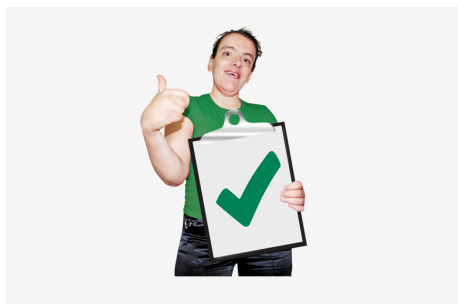
I prefer to be contacted by:

Email ☐

Post ☐

I confirm that:

- I support Endeavour Foundation's work.
- I agree to receive communication about my membership.



Your Signature

Date

I confirm I have chosen the person below to be my Communication Person.



Name: _____

Phone: _____

Email: _____

Signature of Member

For completion by chosen communication person (if there is one)

I confirm that I may:

- Receive correspondence on behalf of the Member.
- Go with the Member to any meeting of the Foundation's members, including the Annual General Meeting.
- Provide communication support to the Member in the form of assistance the Member may reasonably require to access and participate in meetings.

I acknowledge that:

- I have no right to vote, speak independently or otherwise participate in member meetings except to support the Member.
- I do not have authority to sign a proxy form or vote on behalf of the Member unless I am also:
 - The Member's formally appointed Attorney, guardian, or decision-maker under relevant law; and
 - Authorised to act in this capacity for the purpose of voting.

Signature of Communication Person

Mail this form to:

Membership

Endeavour Foundation

PO Box 3554, Tingalpa, Qld, 4173

or email to: membership@endeavour.com.au

Note: Membership is not transferrable. In accordance with the Constitution of Endeavour Foundation new membership applications are subject to acceptance by the Board of Directors.

Privacy Statement: Endeavour Foundation is committed to protecting your personal information, including complying with the Privacy Act 1988 (Cth) and the 13 Australian Privacy Principles. For further information about Endeavour Foundation's privacy policy visit endeavour.com.au or call us on 1800 112 112.