# Your membership Our community 

## Membership unites our community to drive positive change.

Endeavour Foundation is one of Australia's largest and oldest humanitarian organisations. Founded in 1951, our mission has evolved to encompass a wide range of support for people with disability including education, employment, lifestyle choices, accommodation and fundraising. Just like our founders, we are committed to advocating on behalf of people with disability.

Membership of Endeavour Foundation provides you with an opportunity to assess what we do and offer feedback. We value our members' opinions as we strive to ensure that our services and supports are continuously developed and improved. Only by moving forward towards our common goals, can we continue to provide sector leadership and innovation.

Your membership enables us to expand and create services and policy that have benefits far beyond today, so that people with disability can give their best life.

## About

As a member, you are a valued participant in our work and in promoting the rights and causes of people with disability.

## Your local area committee

Area committees are an important part of Endeavour Foundation providing feedback and insight into the organisation.

To contact your local Area Committee
email membership@endeavour.com.au
or call 1800634040

## Apply to become a member or make a donation

- Fill out the form attached and mail to

Membership
Endeavour Foundation
PO Box 3554, Tingalpa Qld 4173

- call 1800634040
- email membership@endeavour.com.au


## Annual Report

Due to the cost of production and distribution, the Annual Report is made available electronically at endeavour.com.au

## Yes, I would like to become a member or make a donation

Mail this form to: Membership, Endeavour Foundation
PO Box 3554, Tingalpa Qld 4173
or email: membership@endeavour.com.au

## Member Details

Title:
First Name:

## Surname:

Residential Address:
$\qquad$

Postal Address:

|  |  |
| :--- | :--- |
| Phone: $\quad$ Mobile: |  |

Email:
Date of Birth:
I prefer to by contacted by: $\bigcirc$ email $\bigcirc$ post

## Declaration

I confirm that:

- I am not less than 18 years of age at the date of this application; and
- I am supportive of the objects of Endeavour Foundation

Signed: Date:
(Type name and date or insert signature and date)

## Individual Membership*

Membership fees are per person to cover the financial year from 1 July to 30 June.
Annual $\$ 25 \bigcirc 3$ years $\$ 75 \bigcirc 5$ years $\$ 125 \bigcirc$ Life $\$ 500$
*Note: Membership Fees are subject to change without notice.

## Endeavour Foundation membership areas

As a member of Endeavour Foundation you are entitled to one vote in the annual Area Committee elections. These are conducted on an Area basis. In accordance with Endeavour Foundation's Constitution, please indicate in which of the ten areas you wish your membership to be registered.

Membership area (please indicate below):
Brisbane Metropolitan
Central Queensland
Oar North Queensland
North QueenslandSouth East Queensland
South West Queensland
Moreton-Sunshine Coast
Wide Bay
Sydney
OVictoria

## My connection with Endeavour Foundation is:

I am a person with a disabilityI have a family member with a disabilityI know a person who has a disability
O I volunteer for Endeavour Foundation
O I work for Endeavour Foundation
I donate/fundraise for Endeavour Foundation
I participate in Endeavour Foundation events
Other (please comment)

## I am interested in:

FundraisingJoining my local Area CommitteeProviding Endeavour Foundation feedback about services and programsHow to include Endeavour Foundation in my WillBeing a community advocateVolunteeringI have already included Endeavour Foundation as a beneficiary in my Will

Donations (we appreciate your contribution)
One off \$ $\qquad$ Monthly pledge \$ $\qquad$

## Payment Details

Please find enclosed my: Ocheque $\bigcirc$ money order or
Charge my credit card for the above amount/s: OVisa OMasterCard OAmerican Express Membership Amount: \$ $\qquad$ incl. GST Donation: \$ $\qquad$
Cardholder Name:
Cardholder Signature:
Card Expiry Date:
/
$C C V$ *:
$\qquad$
$\square$ *CCV number is required for processing
Card number:

