

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 1800 63 40 40

Renew your existing membership or make a donation

- Fill out the form attached and mail to
 - Membership **Endeavour Foundation** PO Box 3554, Tingalpa Qld 4173
- call 1800 63 40 40
- 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 renew my existing membership or make a donation

Mail this form to: Membership, Endeavour Foundation PO Box 3554, Tingalpa Qld 4173

or email: membership@endeavour.com.au

Renewing?

If your address hasn't changed, just complete your Member ID, name and phone number.

iD, name and phot	ne number.	Endeav
Member Details Title: Fi Surname: Residential Address	rst Name:	As a mem to one vo These are with Ende in which o
		Members
Postal Address: Phone:	Mobile:	— ⊝ Brisbar — Far No ⊝ South ⊝ Moreto
Fmail:	Mobile.	My conn
Date of Birth: Member ID (if known): I prefer to by contacted by: email 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		I am a I have I know I volur I work I dona I partic Other I am inte
Signed:	Date:	O Provid
	or insert signature and date)	service How to Being a Volunt I have benefic

Individual Membership* Membership fees are per person to cover the financial year from 1 July to 30 June. ○ Annual \$25 ○ 3 years \$75 ○ 5 years \$125 ○ Life \$500 *Note: Membership Fees are subject to change without notice. **Donations** (we appreciate your contribution) One off \$ _____ One hold by the second of th our Foundation membership areas ber of Endeavour Foundation vou are entitled te in the annual Area Committee elections. conducted on an Area basis. In accordance eavour Foundation's Constitution, please indicate of the ten areas you wish your membership to red. ship area (please indicate below): ne Metropolitan Central Queensland orth Queensland North Queensland East Queensland South West Queensland on-Sunshine Coast Sydney Victoria Bay ection with Endeavour Foundation is: person with a disability a family member with a disability a person who has a disability teer for Endeavour Foundation for Endeavour Foundation te/fundraise for Endeavour Foundation cipate in Endeavour Foundation events (please comment) rested in: aising g my local Area Committee ing Endeavour Foundation feedback about es and programs o include Endeavour Foundation in my Will a community advocate teering already included Endeavour Foundation as a ciary in my Will

Payment Details

Please find enclosed my:	○ cheque	omoney order	ror	
Charge my credit card for t	the above am	ount/s: O Visa	○ MasterCard	American Express
Membership Amount:	\$		incl. GST	Donation: \$
Cardholder Name:				
Cardholder Signature:				
Card Expiry Date:		/		
CCV*:			*CCV number	is required for processing
Card number:				