### Peak body for independent disability advocacy in Victoria

**DAV membership form 2020**

Disability Advocacy Victoria Inc. (DAV) - formerly known as Victorian Disability Advocacy Network (VDAN) - was established in 2003. DAV is the peak body for independent disability advocates in Victoria.

We strive to break down the walls for people with disability by working with key stakeholders to achieve positive change in the disability sector. With one united voice, we have a much greater influence on policy makers about issues that affect people with disability.

**We aim to:**

* strengthen the disability advocacy movement in Victoria
* promote rights-based advocacy
* raise awareness about the needs and rights of people with disability.

**Guiding principles and values**

DAV is committed to operating in accordance with the following principles and values:

* control by people with disabilities is central to the success of the advocacy sector
* diversity of approaches to advocacy is necessary to promote and protect the rights of people with disabilities
* responding to the diversity of needs, interests and aspirations of people with disabilities is a fundamental component of providing effective advocacy
* respect for the autonomy of individual member organisations is important
* Disability Advocacy Victoria Inc. is most effective when all members are united
* member organisations have valuable experience and knowledge of the needs and rights of people with disabilities
* the role of advocacy is to promote and protect the rights and interests of people with disabilities and not those of other parties
* identifying and minimising conflict of interest is fundamental to the successful provision of advocacy services.

DAV members must endorse the rights of people with disability as set out in the UN Convention.

**Membership Types & Cost**

 $75.00 - Full Membership: Voting - Advocacy Group (over $50K)

$38.00 - Full Membership: Voting - Advocacy Group (under $50K)

$22 - Associate Individual Member: Non voting Group

$5.50 - Associate Individual Member: Non voting Individual

**Delegate 1 information**

Delegate 1 - Name of individual or organisation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegate 1 - First name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegate 1 – Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegate 1 – Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegate 1 - Contact phone numbers (business and mobile)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegate 1 - Address, suburb and postcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Delegate 2 information**

Delegate 2 - Name of individual or organisation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegate 2 - First name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegate 2– Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegate 2– Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegate 2 - Contact phone numbers (business and mobile)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegate 2 - Address, suburb and postcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I, on behalf of the organisation listed above, have read and understood Disability Advocacy Victoria's Constitution, and Guiding Principles and Values and agree to be bound by them

**Signature Delegate 1**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Delegate 2**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form along with a document of evidence e.g. Annual Report or document detailing your organisations involvement in the disability advocacy sector. This document will assist in determining your eligibility to join Disability Advocacy Victoria.

This form can be returned to:

Disability advocacy Victoria Inc.

PO Box 132 Ormond

VIC 3204

Membership payment details will be made available upon confirmation of membership eligibility.