

## WESTERN INDEPENDENT ALLIANCE

### EXPRESSION OF INTEREST FOR ASSOCIATE MEMBERSHIP

Please complete and return this form to: [admin@wialliance.com.au](mailto:admin@wialliance.com.au)  
 Membership fee \$100 payable once EOI has been approved – annual fee from 1<sup>st</sup> July  
 Further information on the alliance can be found at <http://wialliance.com.au>

Name of Organisation:			
Contact person			
Address:			
Phone:			
Email:			
Preferred method of contact			
Please tell us about your organisation? <b>Include:</b> FTE staffing Local Government areas covered Service types provided Target group Annual budget turnover			
What is your interest in becoming a member of WIA?			
What can you bring to WIA group eg. administration support, training opportunities etc.			
I agree to work within the boundaries of the Disability Services Standards, the Home Care Standards and The Attendant Care Standards. I agree to be bound by the WIA Values, as set out in Membership Agreement Form I agree to pay the annual membership fee Please note: Your EOI will be approved or declined by the WIAAlliance and you will be informed in writing. The WIAAlliance are not obliged to provide a reason for your EOI being declined.			
Signature:			Date:

#### OFFICE USE ONLY

Date received		Date accepted	
Date letter sent		Date invoice sent	
Membership fee paid		Receipt issued	
Date added to register			