

BRAVO DISABILITY SUPPORT NETWORK INC Membership / Renewal Form / Invoice

[☐ New Membership ☐ Membersh	nip Renewal	Member Nu	mber:
NAME:				
ADDRES:	S:			
POSTCO	DE: PHONE:			
EMAIL:				
Disability	le by Bravo's Constitution. I agree wit Support Network Inc. as stated on the nation is treated as Confidential.			
SIGNED:			_ DATE:	
i () () () As ()	Open to an individual with a disability nclude any of the following: parents, grandchildren, friend, carer, or neight Governance Board and vote in election ORDINARY MEMBERSHIP is free. Sociate membership: Open to any other person or organisative association's objectives. Association's objectives in election.	siblings, spou bour. Ordinar ions. ation that is co	se, children, g y members c	grandparents, can be appointed to the he values and mission of
 	NDIVIDUALS ORGANISATION Amount enclosed			(GST Free) (GST Free)
	e membership: Open to: • Members who have been ording • Founding members	ary members	for at least 10) years
general r	ote: New Membership applications m meeting. turn this form at your earliest conveni		ved by the G	overnance Board at a
Mail:	c/o Governance Board			

Email:

PO BOX 935 GYMPIE Q 4570

governance@bravo.org.au

Bravo Disability Support Network has \$ 20,000,000 of Broadform (Public) Liability Insurance.

Bravo's Mission Statement

Bravo works with individuals and families to plan and implement flexible, individualised options for natural and funded supports.

Bravo's Values

Collaborative

Trustworthy

Courageous

Strong

Inclusive

Responsive

Bravo's Vision

Bravo will be a leading service for individuals and families enabling them to tailor natural and funded supports.