



SPEAKING UP FOR YOU INC

THE PRECINCT
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SUFY is an independent individual advocacy organisation that advocates for vulnerable people with disability in Brisbane.

SUFY promotes a positive vision for their lives and advocates on their behalf to protect and defend them against people and systems that treat them unjustly.

SUFY'S OBJECTS

- 1 To speak, write and act for people with disability in a way that advocates against unfair and unjust things happening in their lives.
- 2 To support advocacy development efforts that educate community about the vulnerability of people with disability and the need for independent advocacy.
- 3 To enhance the positive image of people with disability in the community.
- 4 To network with individuals and organisations who support advocacy against unfair and unjust things happening in the lives of people with disability.
- 5 To be an effective, efficient and accountable organisation that works and reflects on social advocacy principles and practices.

MEMBERSHIP AND CONTACTS

Members of SUFY believe in the objects of the organisation and are supportive of the work that SUFY does.

Contacts are people who have a professional or business relationship with SUFY.

Please fill in the form below if you would like to become a member or contact of SUFY. The following information is only for SUFY to know and will be kept confidential.

I wish to become a member of SUFY

Surname _____

(Please tick appropriate boxes if you are interested in being a member of SUFY)

First Name _____

I am a current member of SUFY

Address _____

I wish to become a member of SUFY

I am a person with disability

_____ P/code _____

I am a family member of a person with disability

Phone _____

I am an interested ally

Mobile _____

I require information on tape

Email _____

I require information on audio CD

Fax _____

I require free membership

I have enclosed my \$5.00

Signature _____

Date _____

What best describes your preferred relationship with SUFY

- Person in an advocacy relationship
- Family member or friend supported to do advocacy
- Person who holds part of SUFY's history
- Person interested in social advocacy
- Person who supports SUFY's advocacy
- Person interested in social justice
- Person who celebrates with SUFY about what is achieved

I wish to become a contact of SUFY

Surname _____

Professional or Business contact

(please mark whichever fits your role best)

First Name _____

Protective agency contact

Title _____

Disability service contact

Organisation _____

Government contact

Address _____

Legal contact

Other social justice contact

Advocacy Agency Contact

Other community contact

_____ P/code _____

Political contact

Phone _____

Academic contact

Medical contact

Mobile _____

Multicultural contact

Indigenous contact

Email _____

Other human service contact

Fax _____

Business contact