**Ruils Membership Form**

Are you interested in joining a vibrant and diverse community? Become a member of Ruils to influence our work/services, meet other members and share your ideas. **Select your membership option , complete this form and return it to join today!**

**I would like to become a Full Member.**

This is available to a disabled person\* or a person who is not disabled, but is the legal guardian of a young person with a special educational need and/or disability under 16 or aged from 16-25 (in transition). Full members have voting rights at AGM and EGMs.

**I would like to become an Associate Member.**

This is available to an individual who is not disabled, but who supports Ruils and/or is a friend/ally/advocate of one of our members. Associate members do NOT have a right to vote at AGMs or EGMs but may serve on the Board (only up to 25%).

\****We believe a disabled person is someone who is disabled by barriers in society, not by their impairment or difference. Barriers can be physical or they can be caused by people's attitudes to difference, such as by assuming that people cannot do certain things.***

***We recognise and respect that some of the groups (in our definition) do not think of themselves as being disabled but we believe we are united by the disabling barriers we face in society****.*

1. **Your details**

Name

Address

Postcode Date of Birth

Contact number(s)

Email

1. **Do you wish to select someone (an advocate) to vote or speak on your behalf about Ruils matters?**

Yes No

**Advocate’s details**

Name Contact

Number

Address

Email

Date of Birth

What is your

relationship?

1. **How would you like to receive information from us?**

Please  all that apply

Email

Phone

Text

Post

1. **Get involved**

I would like to get more involved in Ruils through volunteering, fundraising or user-led groups (we will contact you).

1. **Declaration**

“I would like to become a member of Ruils, subject to the provisions of Ruils’ Memorandum and Articles of Association. I agree to pay to Ruils an amount of up to £1 if Ruils ceases to exist while I am a member or up to 12 months after I have left Ruils. I consent for my data to be processed and shared for the purpose of administering my membership, for providing membership services and confirming my membership status with regulatory bodies.”

*Please*  *this box if you are signing on behalf of the disabled person or acting as their appointed advocate.*

Signature Date

1. **Return this form**

Please complete and return this form to **The Disability Action & Advice Centre, 4 Waldegrave Road, Teddington, TW11 9HT** or email it to[**halliebanish@ruils.co.uk**](mailto:halliebanish@ruils.co.uk)

If you need any help filling in this form or require a different format, get in touch.

Phone: 020 8831 6083 Email: [halliebanish@ruils.co.uk](mailto:halliebanish@ruils.co.uk)