

**This is your  
INVITATION  
to become  
a  
member of  
Family Advocacy Inc.**

Post to:-

**Executive Officer  
Family Advocacy Inc.  
5 Ninth Street  
Bowden SA 5007**

**HEAD OFFICE**

5 Ninth Street  
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Tel: (08) 8340 4450  
Fax: (08) 8340 4452  
Email: fai@familyadvocacy.org.au

**REGIONAL OFFICES**

**NORTHERN METROPOLITAN**

Mobile: 0413 759 060  
C/- City of Tea Tree Gully  
571 Montague Road (PO Box 571)  
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Email: fainorth@familyadvocacy.org.au

**SOUTHERN METROPOLITAN**

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**WESTERN METROPOLITAN**

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**NORTHERN COUNTRY**

Room 6,  
31 Old North Road (PO Box 892) Clare SA 5453  
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Email: faicountrynorth@familyadvocacy.org.au

**FREE CALL**

**1800 856 464 (COUNTRY CALLERS)**

**Web:** [www.familyadvocacy.org.au](http://www.familyadvocacy.org.au)



# Family Advocacy Inc.

## Vision:

To achieve better opportunities for people who have disabilities and their families.

## Aim:

To enable people with disabilities and their families who care for them, to fully participate in decision making and to work together with professionals, as true partners, to achieve better life opportunities.

For further information, please contact your local Family Advocate

Family Advocacy Inc. is funded by the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs.

# The Family Advocate in your region can:

- \* **Provide information and support**
- \* **Help families and people who have disabilities gain access to services**
- \* **Support parent groups and networks**
- \* **Assist families/carers to lobby for improved or new services**
- \* **Assist families/carers to access training programs**
- \* **Promote community involvement**

# Why become a member of Family Advocacy Inc.?

Your membership will enable Family Advocacy Inc. to have a greater impact on the provision of services for persons with a disability in SA.

There is strength in numbers and it is important that as many people as possible are represented when lobbying for better opportunities.

**Membership is free, however donations would be very much appreciated and they are tax deductible.**

## **FAMILY ADVOCACY INC.** Application for membership

Name: .....

Address: .....

Postcode:..... Telephone:.....

Email: .....

Son / Daughter has a disability.

Date: .....

Signature: .....