



ABN 75 541 973 905
PO Box 1157
Devonport Tas 7310
Phone: 1300 592 050

2009/2010 MEMBERSHIP RENEWAL/APPLICATION

Full Name of person with Down syndrome:.....

Date of Birth Do you wish to have this in newsletter: Yes No

Mothers First Name: Surname:

Fathers First Name:..... Surname:

Organisation Name:

Address:

.....

Telephone No:..... Mobile No:

E-mail Address:

Preferred method of communication: E-mail or Postal

MEMBERSHIP TYPE:

Family Membership \$25.00

Service Providers \$25.00

DONATION: \$ _____

TOTAL Amount Paid \$ _____

PUBLICITY CONSENT:

Down Syndrome Association of Tasmania Inc is requesting your permission to use photographs of your family in publications and promotional materials, your names may occasionally be identified with the use of the publicity material and/or photographs.

Signature: Date:/...../.....

Please send this application along with your cheque or money order to:

**The Treasurer
Down Syndrome Association of Tasmania Inc
PO Box 1157
DEVONPORT TAS 7310**

or direct credit to:

**Down Syndrome Assoc of Tas – bsb:067002 – a/c 2801 8351
Credit Card facilities are also available**

FOR OFFICE USE ONLY

Receipt No:.....

Date Banked:.....