ABN: 75 541 973 905
PO Box 1157
DEVONPORT TAS 7310
PHONE 1300 592 050
www.downsyndrometasmania.org.au
info@downsyndrometasmania.org.au

2012 MEMBERSHIP RENEWAL/APPLICATION

If you would like to become a member of Down Syndrome Tasmania, please complete and return this membership form:

Please choose one of these membership categories:

☐ **FAMILY** ☐ **ORGANISATION** ☐ **VOLUNTEER**

Name: ……..
Address: ……..
Telephone No: ……..…….. Mobile: ……..
Email address: ……..……..

(For direct family memberships)
Name of person with Down syndrome:……..……..
Date of Birth: ……..
Mother's First Name: …… Surname: ……..
Fathers's First Name: ……..… Surname: ……..

Please indicate your interest in the Down syndrome field:

☐ **Parent** ☐ **Extended family** ☐ **Volunteer** ☐ **Professional**

☐ **Other** _____

MEMBERSHIP FEE: $25.00
DONATION: $_____

TOTAL AMOUNT PAID **$**

PUBLICITY CONSENT:
Down Syndrome Tasmania is requesting your permission to use photographs of you and your family in publications and promotional materials including social media and website. Your names may occasionally be identified with the use of the publicity material and/or photographs. I hereby consent to the use of such material:-

Signature: …….. Date: ……..

Please send this application along with payment to:
Down Syndrome Tasmania, PO Box 1157, Devonport 7310

Payment options:
Cheque/money order made payable to "Down Syndrome Tasmania"
Or Direct Credit to Tasmania Syndrome Tasmania BSB 067002 Account 2801 8351
Or debit the above amount to my VISA/Mastercard/Bankcard (Please circle card type)

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry ☐☐/☐☐

Name on card …… Signature …… Date ……..

FOR OFFICE USE ONLY : Receipt No. …… Date: ……