



Down Syndrome Tasmania

ABN: 75 541 973 905
PO Box 1157
DEVONPORT TAS 7310
PHONE 1300 592 050

www.downsyndrometasmania.org.au
info@downsyndrometasmania.org.au

MEMBERSHIP RENEWAL/APPLICATION

Membership category: FAMILY ORGANISATION VOLUNTEER

Family Name:

Address: Postcode

Telephone No: Mobile:

Email address:

(For direct family memberships)

Name of person with Down syndrome.....

Date of Birth:

Mother's Name:

Father's Name:

Please indicate your interest in the Down syndrome field:

Parent Extended family Volunteer Professional Other:

MEMBERSHIP FEE: \$35.00

DONATION: \$ _____

TOTAL AMOUNT PAID: \$ _____

Membership fee includes editions of "Voice" magazine mailed to members 3 times a year.

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 details to:
Down Syndrome Tasmania, PO Box 1157, Devonport 7310

Payment options:

Cheque/money order made payable to "Down Syndrome Tasmania"
Or Direct Credit to Down Syndrome Tasmania with your name as reference to
BSB: 633 000 Account No: 159 515 683
Or Debit the above amount to my VISA / Mastercard / Bankcard (Please circle card type)

CARD NUMBER: _____ / _____ / _____

EXPIRY: _____ / _____ CCV NUMBER: _____ (3 numbers on back of card)

Signature: _____

Name on Card: _____ Date: _____

FOR OFFICE USE ONLY: Receipt No: Date: