



Down Syndrome Tasmania

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

2019 MEMBERSHIP RENEWAL/APPLICATION

Membership category: FAMILY ORGANISATION VOLUNTEER

Family Name:

Address: Postcode

Phone 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: FREE

DONATION: \$5.00 \$10.00 \$20.00 \$50.00 Other: \$.....

Voice Magazine subscription is a magazine mailed to members 3 times a year at a cost of \$30.00.

Would you like to receive the editions YES NO

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 details to:

Down Syndrome Tasmania, PO Box 1157, Devonport 7310 OR email to info@downsyndrometasmania.org.au

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)

Name on Card: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY: Receipt No: Date: