



Down Syndrome NSW

31 O'Connell Street Parramatta 2150 PO Box 2356 North Parramatta NSW 1750 Australia
Ph: (02) 9683 4333 Fax: (02) 9683 4020 email: admin@dsansw.org.au

ABN 39 023 586 389

APPLICATION FOR MEMBERSHIP
Adult Members
(AD-08/09)

Family name Given Name

Language spoken other than English:

Postal Address:

..... Post Code:

Home phone: Mobile:email:

Would you like to receive information about the **Up Club**? Yes / No

Information supplied in this Membership Application is strictly confidential for the records of
Down Syndrome NSW only

Membership Fee: \$20.00 per year (including GST)

(please phone the Down Syndrome NSW Office to make a confidential arrangement if you are unable to pay the fee)

Method of payment:

Cheque / money order / credit card: Mastercard Visa

Card number: Exp. Date:

Name on card: Signature:

Amount Date:

Direct Deposit:

Account name: Down Syndrome Association of NSW Inc **BSB:** 06 2315 **Account number:** 009 01136

Please ensure that you include your name in the transaction record, and email a remittance advice to admin@dsansw.org.au

For Office use only: Receipt No..... Date Computer No Committee Letter