



Membership category: ☐ **FAMILY** ☐ **ORGANISATION** ☐ **VOLUNTEER**

***(For direct family memberships)***

**Please indicate your interest in the Down syndrome field:**

**TOTAL AMOUNT PAID** \$

**PUBLICITY CONSENT:**

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

### Payment options:

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

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