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## 2014 MEMBERSHIP RENEWAL/APPLICATION

Membership category: [	FAMILY		☐ VOLUNTEER
Address: Telephone No:		Mobile:	Postcode
(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: DONATION:	PLEASE NOTE INCR	REASE IN FEE	\$35.00 \$
TOTAL AMOUNT PAID			\$
The increase in the membership fee reflects the cost related to 'Voice' Magazine. 'Voice' is a professionally produced magazine, forwarded 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 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 BSB 067002 Account 2801 8351 Or Debit the above amount to my VISA/Mastercard/Bankcard (Please circle card type)			
Card Number	$\overline{}$	Expiry	$\neg$
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Name on card Signature Date			

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