

Down Syndrome Society of South Australia Inc

Full Family or Individual

MEMBERSHIP



Opening doors together



FULL MEMBERSHIP ENTITLEMENTS

Eligibility: Families who have a son or daughter and/or an individual with Down syndrome or similar chromosomal disorder.



Movie Tickets

Free movie tickets at least twice a year, offering great value for the family.



Magic Festival

Free tickets to the **Magic Festival**. Value of up to \$60 per family.



Special Events & Shows

Throughout the year the Society is often offered special rates for major shows that come to Adelaide including the annual **Christmas Pageant**.



Discounts

Discounts on all publications, workshops and Early Intervention fees. Special membership rate at all Society Functions.



Leisure and Recreation

Access to the Society's Leisure and Recreation programs. These include, camps, bowling nights, weekend shorts, and other social events for 10 - 15 year olds and 15 year olds to adults.



Resource Centre

Access to our Resource Centre with an extensive range of computer software, professional/children's books and videos, specialised toys and equipment.



Quarterly Magazine

This magazine will keep you up to date on the latest news and views about Down syndrome. **This is a 'must have'!**



Club Slick

Discount on Club Entry and t-shirts. This is a Rock 'n' Roll Club for 10 year olds to adults for individuals with Down syndrome and intellectual disability.



Terms and Conditions

This includes family members, the individual with Down syndrome until they leave school.
Adults with Down syndrome who have left school need to take out full membership.
Membership renewal reminders are issued one month before membership has expired.
Full voting rights, one vote per family membership.

Please complete the details below and return with payment to:

Down Syndrome Society of SA Inc
PO Box 436 GREENACRES SA 5086
Ph: 8369 1122 Fax: 8261 7660
Email: downssa@chariot.net.au
Web: www.downssa.asn.au

SURNAME:

GIVEN NAME/S:

ADDRESS:

SUBURB:..... P/C:.....

SON/DAUGHTER'S NAME:

DOB:

PHONE:

MOBILE:.....

E-MAIL:.....

FULL MEMBERSHIP FEE \$50.00 PA

Note: Includes GST

METHOD OF PAYMENT

Cheque/Money Order/Cash enclosed for: \$.....

Credit Card: VISA BANKCARD

MASTERCARD

Card Number:

Cardholder's Name: (please print)
.....

Expiry Date:

Signature:



Membership is for one year from date of renewal.

ABN 36 070 268 723