

Father's Name:

Street Address: (if different from mother's address)
.....

Suburb:P/C.....

Mailing Address (if different from above):.....

Phone: Mobile:.....

Full Membership Fee \$33.00 (inc. GST) per annum

Method of Payment

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

Or

Direct Debit
Account Name: Down Syndrome Society of South Australia Inc
BSB: 035046
Account number: 309900
IMPORTANT: Please quote your surname or invoice number as the reference so we are able to match the transaction to the membership registration.

Or

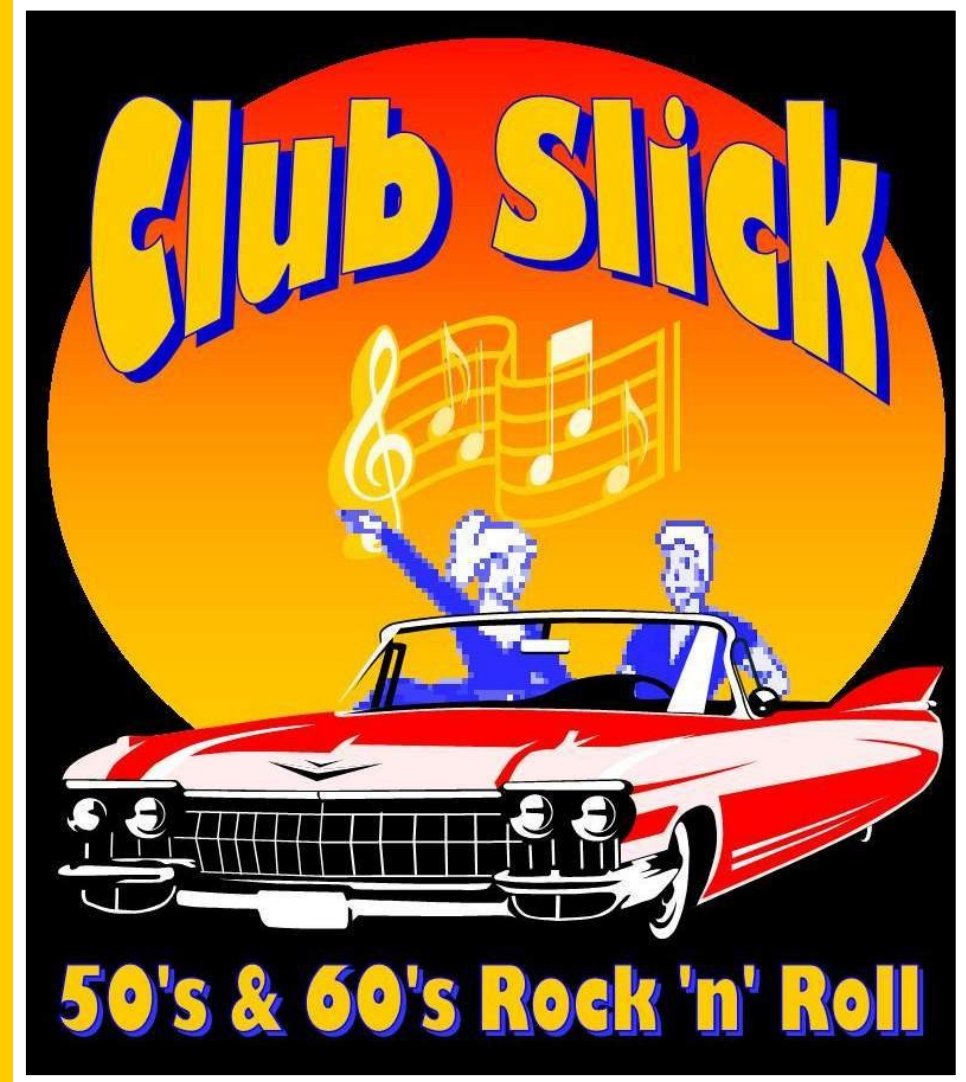
VISA MASTERCARD

Card Number:

Cardholder's Name: (please print)

Signature: Expiry Date:

Membership is valid for one year from the date of payment receipt.



Club Slick Membership



Club Membership Entitlements

People with Down syndrome, aged 10 years to adult, who have full membership with the Society, are entitled to all membership privileges of Club Slick. However, all people with an intellectual disability, aged 10 years to adult, may become members of Club Slick and enjoy these advantages.

- ✓ Discount admission to the Club
- ✓ Membership ID card
- ✓ Free member raffle ticket each Club night
- ✓ Discount on purchase of Club Slick shirt
- ✓ Eligible to perform with Demonstration Team
- ✓ Be invited to join the Society's annual rock 'n' roll show as a cast member

To obtain membership please complete the details on the following pages and return with payment to:

Down Syndrome Society of SA Inc ABN 36 070 268 723
PO Box 436 GREENACRES SA 5086
Ph: 8369 1122 Fax.:8261 7660
Email: info@downssa.asn.au Web: www.downssa.asn.au

Club Slick Membership Application

Individual's Details (The person who is applying for membership)

Family Name:Given Name/s:.....

Date of Birth: Gender: Male Female

Street Address:.....

Suburb: P/Code.....

Mailing Address (if different from above):

Phone:..... Mobile:.....

E-mail:

- Down syndrome
- Chromosomal disorder (please specify)
- Other (please specify).....

Parent/Guardian Details (Only to be completed if the person applying for membership has Down syndrome or a similar chromosomal disorder.)

Mother's Name:

Street Address:.....

Suburb:..... P/Code.....

Mailing Address (if different from above):.....

Phone:..... Mobile:.....

E-mail:

