

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** \$50.00 (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:

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


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

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

**Get**  
**DOWN**

to the business of  
enriching the lives  
of people with  
**Down Syndrome**

To get involved visit  
[www.downssa.asn.au](http://www.downssa.asn.au)

  
Opening doors together

**Down Syndrome Society  
of South Australia Inc**

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**Family Membership**





# Family Membership Entitlements

**Eligibility:** Families who have a son or daughter under 18 years old with Down syndrome or similar chromosomal disorders (individuals with chromosomal disorder require a referral to determine eligibility)

### Movie Tickets

Free movie tickets

### 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.

### Leisure and Recreation

Access to the Society's Leisure and Recreation programs. These include, camps, bowling nights, weekend getaway, and other social events.

### Resource Centre

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

### Club Slick

Discount on Club Entry and polo shirts. Free member raffle ticket each club night. This is a Rock 'n' Roll Club for individuals with an intellectual disability from 10 years of age.

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



# Family Membership Form

## Child'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: .....