

APPLICATION FOR ORGANISATIONAL MEMBERSHIP

Name of organisation	
Type of business	Phone Number
Business Address	

Contact persons details

Title	Position
First Name	Last Name
Email Address	Phone Number

Reason for interest in Membership

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Method of Payment

Membership Fee: \$132 per financial year (including GST)

<input type="checkbox"/> Direct Deposit: Account name: Down Syndrome NSW BSB: 062 315 Account number: 00901136 Please include business name as reference	
<input type="checkbox"/> Cheque made payable to Down Syndrome NSW	<input type="checkbox"/> Invoice Required
<input type="checkbox"/> Credit Card <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express Card Number _____ Expiry Date _____ Card Name _____	

Please Return Membership form to:

Post: Down Syndrome NSW, PO Box 107, Northmead, NSW, 2152

T: 61 2 9841 4444

E: admin@dsansw.org.au

W: www.downsyndromensw.org.au

ABN 39 023 586 389

Registered Charity No CFN11321

For Office use only: Entered into data base..... Date..... Member..... Board..... Letter sent.....