

DSWA Membership July 2017 - June 2018

Surname(s): _____

First name(s): _____

Company Name (if applicable): _____

Address: _____

_____ Postcode: _____

Phone no: _____ (home) _____ (work)

Fax no: _____ Mobile no: _____

E-mail address: _____

Name of child / person with Down syndrome: _____

Date of Birth: _____

Any associated medical conditions: _____

Membership 2017 - 2018

I / We enclose herewith \$55.00 (family or individual membership)

\$66.00 (professional membership)

Direct Payment: The Down Syndrome Association of WA
BSB: 016 267 Account: 340 788 746
REF: Please reference with your name

Credit Card: (Visa / Master) _____

Expiry: ___ / ___ CSV: _____

Cheque: Payable to: The Down Syndrome Association of WA
Post to PO Box 338 Bentley 6982

Signed:

I would like a receipt: