

APPLICATION FOR MEMBERSHIP

Individuals may apply for membership in one of two categories. If interested please refer to our constitution on our website:

<https://www.downsyndrome.org.au/nsw/wp-content/uploads/sites/2/2020/04/Down-Syndrome-NSW-Constitution-Final.pdf>

- **Ordinary Membership:** for a parent, grandparent, sibling, legal guardian or full time carer of a person with Down syndrome.
- **Affiliate Membership:** any person not less than 18 years of age who is not eligible to become an Ordinary member; also a corporation, organization, trust and any form of legal entity accepted by the Board.

A. ORDINARY MEMBERSHIP APPLICATION

If you wish to apply for membership for yourself and/or on behalf of other family members please complete the following section.

First Name:

Surname:

Email Address:

Telephone Contact: Mobile:

Home:

Street Address:

Town / Suburb:

Postcode:

Would you like to receive copies of:

Down Syndrome NSW Newsletter

Yes

No

Down Syndrome Australia magazine, The Voice

Yes

No

Please complete the following information for family member with Down syndrome:

First Name:

Surname:

Relationship to You:

Date of Birth:

Name of Legal Guardian or main carer:

Does the person with Down syndrome identify as Aboriginal or Torres Strait Islander? Yes No

Language spoken at home:

Is an interpreter required? Yes No

Does the person with Down syndrome live with family or other?

Please specify:

School attended or workplace if applicable:

Are you also applying for the family member with Down syndrome to be nominated for membership of Down Syndrome NSW? Yes No

If you wish to nominate other family members for membership (parent, grandparent, sibling, legal guardian or full time carer) with their permission please complete the details for each additional family member below.

First Name: _____ Surname: _____

Mobile: _____ Email: _____

Relationship to person with Down syndrome:

Name of person with Down syndrome:

Please repeat this for each additional family member you would like to add.

B. AFFILIATE MEMBERSHIP

B1. Individual

First Name: _____ Surname: _____

Email Address: _____

Telephone Contact: Mobile: _____ Home: _____

Street Address: _____

Town / Suburb: _____ Postcode: _____

Would you like to receive copies of:

Down Syndrome NSW Newsletter	Yes	No
Down Syndrome Australia magazine, The Voice	Yes	No

Please advise your interest in supporting Down Syndrome NSW:

B2 Organisation

Organisation Name: _____

Organisation Email: _____

Organisation Street Address: _____

Town / Suburb: _____ Postcode: _____



Details of Person applying on behalf of organisation: (Primary Contact)

First Name:

Surname:

Role in Organisation:

Primary Contact Email:

Telephone Contact: Mobile:

Office:

Would you like to receive copies of:

Down Syndrome NSW Newsletter

Yes

No

Down Syndrome Australia magazine, The Voice

Yes

No

Please advise your interest in supporting Down Syndrome NSW:

Thank you for your support. Please call 029841444 if you would like to speak with a staff member.

*Please return this form to admin@dsansw.org.au
or mail to PO Box 3173, North Parramatta, NSW 1750*