



Directors:  
Amanda Kerby  
David Cahill  
Sandra Booyesen  
Joe Dixon

## DSSA MEMBERSHIP FORM

Membership Fees apply annually from 1 July to 30 June the next year

Please note financial Members are entitled to one vote at

General and Annual General Meetings

Financial Year: 2018/19

Family Name: First Name:

Gender: DOB:

Down Syndrome Category: T21 / Mosaic (please circle)

Mother/Guardian/Carer Name:

Father/Guardian/Carer Name:

Address:

Suburb: State: Postcode:

Email Address:

Ph (H): Mobile: Skype:

Are you a member of a Swimming Club affiliated with your State Swimming Association?

YES

NO

Name of this Swim Club:

Are you registered with your State Swimming Association: YES  NO

Membership Fee: \$25.00

Amount enclosed: \$\_\_\_\_\_ If paying by cheque please make payable to Down Syndrome Swimming Australia **OR** Direct Credit to Westpac – Account Name: DSSA Operating Account BSB 034074, Account No. 215480 Reference: Surname and DOB

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please forward this form with payment of membership to:

Mrs Sandra Booyesen, 13 Lomond Place, Victoria Point Qld 4165 or by email to [dssa.org@gmail.com](mailto:dssa.org@gmail.com)

**Down Syndrome Swimming Australia Limited (ABN: 54 166 501 551)**  
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