



Directors:
Amanda Kerby
David Cahill
Sandra Booyesen
Joe Dixon

ORDINARY SWIMMER MEMBERSHIP FORM

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

**Please note financial Ordinary members are entitled to one vote at
General and Annual General Meetings**

Financial Year: 2019/20

Membership: ORDINARY

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 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:** _____

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