



Directors:
David Cahill
Joe Dixon
Margaret Cahill
Jim Coffey
Julie Claydon
Craig Tobin

SWIMMER MEMBERSHIP FORM

Membership Fees apply annually from 1 July to 30 June of each year.

Please note financial Ordinary members are entitled to one vote at

General and Annual General Meetings

Financial Year: 2020/21

Membership:

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: _____ I Please

Forward this form with payment of membership by email to dssa.org@gmail.com .

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

Email: dssa.org@gmail.com

Website: www.dssa.org.au