



ORGANISATION / SERVICE PROVIDER APPLICATION FOR MEMBERSHIP

SEND THIS APPLICATION TO
DOWN SYNDROME VICTORIA
219 NAPIER STREET FITZROY VIC 3065

TAX INVOICE

Phone: 1300 658 873

Fax: (03) 9486 9601

A0008787R / ABN 59 901 963 154

DONATIONS OF \$2 OR MORE ARE TAX DEDUCTIBLE

Organisation / Service provider membership	\$55.00
Donations of \$2 or more are tax deductible	\$
Payment total including membership	\$

Organisation name _____
 Type of organisation _____
 Address for correspondence _____
 Telephone number at this address _____
 Facsimile number _____
 Website _____

Key contacts

	Primary Contact	Other contact 1	Other contact 2
Title			
First name			
Surname			
Position			
Mobile number			
Email address			
Direct phone			

Payment method	Cheque <input type="checkbox"/>	Mastercard <input type="checkbox"/>	Visa <input type="checkbox"/>
Name on credit card		
Card expiry date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		
Credit card number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Signature		