



*Toowoomba and District
Down Syndrome Support Group*
PO Box 376, Toowoomba Qld 4350

Annual Membership Application 2021

I/we wish to apply for membership/renew my/our membership to the
Toowoomba and District Down Syndrome Support Group Inc.

Surname	
First name/s	
Address	
Phone numbers	Home Work Mobile
Email address	
Signature	
Date	
Name of person with disability	
Date of birth of person with disability	
School & year OR occupation of person with disability	
Relationship of person with disability to the above signed	
Permission	Photos and video footage may be taken at events of TDDSSG for newsletters etc – Please indicate if you do not wish for this to happen. I agree to photos /video footage <input type="checkbox"/>
Fee enclosed	<input type="checkbox"/> \$20 per year per family/group

Contact Details –

Postal – PO Box 376, Toowoomba Qld 4350
President: Kara Wren; Phone – 0439 661 349

Direct Deposit - BSB: 638070; Account No: 3876918; Heritage Bank S21
Please add your **Surname** and **2021 Fees** in the reference section.
Email completed form to the Treasurer at: treasurertddssg@yahoo.com