

WILLIAMS SYNDROME ASSOCIATION OF (SA) INC MEMBERSHIP APPLICATION FORM

FAMILY MEMBER APPLICANT INFORMATION

Name:	Phone:	Mobile Phone:
Name:	Phone:	Mobile Phone:
Relationship to WS person:		
Email:		
Current address:		
Suburb:	State:	Post Code:
Postal Address if different to above:		
Suburb:	State:	Post Code:

WILLIAMS SYNDROME PERSONS INFORMATION

Name:	Date of Birth:
School:	
Work Place:	
Address if Different to Parents:	
Suburb:	State: Post Code:

SIBLINGS

Name:	DOB:	Name:	DOB:
Name:	DOB:	Name:	DOB:
Date of Birth requested to help with Picnic catering.			

GENERAL MEMBER APPLICANT INFORMATION

Please indicate your interest/association with WS, if you are not the immediate family of a Williams Syndrome Person.

Professional/Medical	Friend/Relative of	Other
Name Phone Mobile		
Email		
Address		

VOLUNTEER YOUR TIME OR SERVICES

Please indicate if you are in any way able to help our Association. It may be your services at a picnic (i.e. face painting) or donation of products for fundraising events. How can you help.....

ANNUAL MEMBERSHIP 1ST JANUARY / 31ST DECEMBER

One Year - \$30.00

Where possible please EFT into WS BankSA account (stating *Membership and surname as reference*)
BSB 105-056 Account 091 638 040

Or alternatively please make Cheques/ Money Orders payable to the Williams Syndrome Association of (SA) Inc and post to
83A Ridgway Drive, Flagstaff Hill, SA, 5159

I would like to make a Donation: \$	Please indicate if require receipt YES / NO	
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THE WILLIAMS SYNDROME ASSOCIATION SUPPORTS WILLIAMS SYNDROME INDIVIDUALS AND THEIR FAMILIES. ALL MEMBERSHIP FEES GO TO THE WILLIAMS SYNDROME ASSOCIATION OF (SA) INC. TO ASSIST IN SUPPORT AND ASSOCIATED ACTIVITIES - PICNICS, SOCIAL EVENTS, NEWSLETTERS, POSTAGE, PURCHASE OF MATERIALS, BOOKS, VIDEOS, MEMBERSHIPS OF RELEVANT GROUPS AND ANY OTHER ASSOCIATED COSTS.