

-NZDSA MEMBERSHIP FORM



The New Zealand Down Syndrome Association Inc.(NZDSA) is a family/whanau driven organisation for people whose lives have been changed by Down syndrome.

The NZDSA mission statement is:

To promote the participation of people with Down syndrome in their community.

Limited membership

For individuals who identify with the mission and goals of the NZDSA and want to partner with us to achieve the objectives but do not want to access the services or support offered by the NZDSA.

Financial membership

For families, friends and people over 18 who would like to join the NZDSA and want to access the support and services provided by the NZDSA and who have applied for membership on this prescribed form, and is acceptable to the National Committee.

Affiliate membership

A corporation, organisation, trust or person who has a professional interest in people with Down syndrome and who have applied for membership on this prescribed form and is acceptable to the National Committee.

Self Advocacy membership

A person with Down syndrome 18 years & older, who would like to join the NZDSA and wants to access the support and services provided by the NZDSA and who has applied for membership on this prescribed form, and is acceptable to the National Committee.

Tax Invoice

NZDSA, P O Box 4142, Auckland

GST No: 80-690-991

- No fee for a limited membership (refer to above)
- \$30 one year Financial membership fee (refer to above)
- \$50 one year Affiliate membership fee (refer to above)
- \$ 5 one year Self Advocacy membership fee (refer to above)

Payment is made by:

- Cheque
- Cash
- Direct credit or automatic payment – Bank – ASB. Account number 123073 0090784 00. **(Please use your surname as reference)**
- Bartercard – please phone 0800 693 724 for forms
- Waived membership fee – Fees may be waived in cases of financial hardship at the discretion of the National Committee – confidentiality will be respected.
- A donation of \$..... to NZDSA (Bartercard trade dollars accepted)
- Please send me a receipt

Name:

Address:

.....Post Code.....

Phone No: Mobile no:Fax no:

Email Address:

Occupation:

I hereby request membership of the NZDSA Inc. and undertake to be bound by the rules of the New Zealand Down Syndrome Association Inc.

Signature: _____ Date: _____

The Regional Group/Branch I want to be member of is:

- Please tick if you do not want our office to pass this information onto your regional contact. Sharing of your details would enable you to have access to regional events, information, etc – it would not obligate you to anything.

Please continue over the page.

Please would Limited, Financial and Self Advocacy members complete this section

The NZDSA would appreciate you providing the following information, which will assist to collect valuable information and create a detailed national database. You are under no obligation to provide this information. The New Zealand Down Syndrome Association Inc. complies with the Privacy Act 1993 and the Health Information Privacy Code 1994.

Name of individual with Down syndrome:

Gender of individual:

Date of birth: Ethnicity:

Diagnosis before birth

No

Yes

If yes, were you offered support, counselling or referred to the NZDSA?

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Relationship:

You are the person with Down syndrome

Parent

Sibling

Grandparent

Other

Type of Down syndrome:

Trisomy 21

Mosaic

Translocation

Unknown

Please would you provide details about any medical conditions/health issues. e.g. heart defect, autism, colostomy, vision, hearing.

Thank you, we look forward to receiving your membership form.