



Dear Member

Your New Zealand Down Syndrome Association membership has lapsed and you will no longer receive our journal. Should you wish to continue to receive the journal please fill in your details below and return the form to me as soon as possible.

Should you have any queries please do not hesitate to contact me on 0800 693 724, press 2 or email nzdsai@xtra.co.nz

Kind regards

Linda te Kaat

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National Administrator

Name _____

Address _____

Telephone number _____

Name of person with Down syndrome _____

Ordinary membership (for families, friends and people with Down syndrome) –

- \$30 for 1 year,
- \$50 for 2 years
- Waive fee in cases of financial hardship
- \$5.00 for individuals with Down syndrome 18 years or older

Affiliate Membership (for corporations, organisations, schools or people with a professional interest in Down syndrome) -

- \$50 for 1 year

Please send to – NZDSA, P O Box 4142, Shortland St, Auckland 1140 or direct credit to ASB 123073 0090784 00 using your surname as reference

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