



Down Syndrome
Victoria

Supporting Victorian families since 1978

New Parent Membership Application Form

Congratulations on your new baby!

We would love to share this wonderful journey with you, so we're offering new parents complimentary membership for up to six months*. Membership benefits are extended to your entire family (all those living at the nominated address). If you'd like to take advantage of the support and information we can provide, please complete the form provided and return it to us.

Down Syndrome Victoria is the statewide peak membership organisation representing people with Down syndrome and their families. We are a not-for-profit organisation established in 1978 to provide support, encouragement, information and resources to people with Down syndrome, their families and the broader community.

After the complimentary period, you'll then be invited to continue your membership of Down Syndrome Victoria and retain access to all of our wonderful information and support options. If you are confident you would like to keep us around for an additional 12 months, you can arrange that easily now, by paying the membership fee now to make sure you don't miss out on anything. Feel free to contact us if you have any questions at all. Welcome!

* There are two annual Membership cycles commencing 1st January and 1st July each year - complimentary membership of up to 6 months prior to these dates is offered to our new members.

Complete the membership form on page 3 & 4 and return it to Down Syndrome Victoria. Alternatively call us to make a credit card payment over the phone on 1300 658 873.



Call 1300 658 873 visit downsyndromevictoria.org.au Follow us on 



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Your benefits

Your family will receive:

Voice

Our ever-informative members' journal delivered to your door

Information

Access to our member's only library, unrestricted access to our website and free or discounted publications

Telephone support

Phone access to our experienced new-parent and family support team

Peer Support

Opportunity to give and receive support from peers through coordinated on-line and or local groups and events such as Family Fun day and StepUP

Training & networking events

A program of training & networking events

Education consultancy

Access to our education support consultant providing support to students with Down syndrome, families and teachers

Why Join?

Membership of Down Syndrome Victoria demonstrates your commitment to our mission: working to empower individuals with Down syndrome for a lifetime of meaningful inclusion in the community.



We can't
do it
without
your
support!

Down Syndrome Victoria is the only professional association in Victoria that advocates exclusively for the interests of people with Down syndrome and their families. This generally includes activities such as advocating to Government; media relations; policy development; contributions to relevant consultation and legislative reviews.

Complete the membership form on page 3 & 4 and return it to Down Syndrome Victoria. Alternatively call us to make a credit card payment over the phone on 1300 658 873.

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New Parent Membership Application Form

Payment Form

ABN 59 901 963 154

A conformation/tax receipt will be issued upon processing of your membership fee and/or donation.

PAYMENT / DONATION DETAILS

- 1. Please make cheques payable to Down Syndrome Victoria.
- 2. All applications for renewal must be accompanied by full payment (if applicable).
- 3. Please complete the following details as required and then sign in the space below.

1. PAYMENT METHOD

- Cheque (Cheques please complete Step 3 below)
- Visa Mastercard (Please complete Steps 2 & 3 below)

2. FOR CREDIT CARD PAYMENTS

_____|_____|_____|_____|_____|_____|_____|_____|
Card Number

____/____/____ _____
Expiry Date Amount (includes GST)

3. PAYER DETAILS - NOT VALID UNLESS SIGNED

Credit Card Holder / Cheque Account Name

Signature

MEMBERSHIP DETAILS

- Free Membership (for up to 6 months) - FREE
- Family Individual - \$60 annual subscription inc. GST

To get the free period + 12 months, select both options

Donation* \$25 \$50 \$100 Other \$.....

* Donations of \$2 or more are tax deductible

Payments total including Membership \$.....

First name / surname

Address

Suburb Postcode

Telephone

Email

Should financial hardship prevent you from taking out or continuing your membership, please contact us to discuss.

	TITLE (e.g. Ms)	FIRST NAME	SURNAME	GENDER (circle)	D/O/B	RELATIONSHIP TO BABY	OCCUPATION (if applicable)
Primary contact				M / F	/ /		
Person with Ds (if applicable)				M / F	/ /		
Person 3				M / F	/ /		
Person 4				M / F	/ /		
Person 5				M / F	/ /		
Person 6				M / F	/ /		
Person 7				M / F	/ /		

RETURN THE COMPLETED FORM TO: Down Syndrome Association of Victoria Inc.

18/71 Victoria Crescent Abbotsford VIC 3067 or email scanned, completed form to: info@dsav.asn.au

Alternatively call us make a credit card payment over the phone on 1300 658 873.



New Parent Membership Application Form

Have you made contact with / registered for:

- DSV Family Support Manager
- Centrelink for Carer Allowance
- Early Childhood Intervention Intake (ECIS)
- Better Start funding
- NDIS
- A local support group
i.e. MyTime If yes, which one:

.....
.....
.....

Have you received a copy of our new parent pack Yes / No

Has our Family Support Manager visited you? Yes / No

Does your baby have any known health concerns?

.....
.....
.....

What type of Down syndrome does your baby have?

- Trisomy 21 Translocation
- Mosaic Not sure

Is English the primary language spoken at home? Yes / No

If NO, what language is spoken at home?

.....

Where was your baby born (name of hospital)?

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Were you shown a copy of the New Parent pack whilst in hospital?

Yes / No

How did you find out about Down Syndrome Victoria?

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.....

Have you experienced good services from an obstetrician, paediatrician, etc that you would like to share with members? Please give details (name & type of doctor)

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.....

What membership benefit do you think you will value most?

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.....
.....

Photographic permission

I give permission for Down Syndrome Victoria to use and reproduce photographic and video material of my child and other members of my family for the purposes of promotion. I understand that this material will be used with discretion and will only portray positive subjects in a positive manner. I am aware that I have the right to withdraw from this arrangement at any time.

Signature

Date

We would like to stay in contact with you. Please let us know if you are happy with the following (circle):

- DNews our electronic newsletter will be sent to you via email to keep you updated with current events in the Down syndrome community
Yes / No
- In addition to DNews would you like to receive other updates via email?
Yes / No
- Would you prefer to receive membership correspondence by email?
Yes / No
- Are you happy to be contacted for research purposes ? (All research applications are vetted and approved by the Down Syndrome Victoria Board)
Yes / No

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