



## Membership Application

Family Name ..... First Name(s) .....

(If a family membership), Name of person with Down syndrome.....DOB...../...../.....

Organisation (if applicable).....

Address.....

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

Phone..... Mobile.....

Email..... (Compulsary for library use and mailouts)

My child attends ..... school (if applicable).

General DSAQ news will be distributed via email. I/We wish to be on the DSAQ mailing list Y / N

I /We wish to receive the 1/4ly digest by email / post. We wish to subscribe for membership of DSAQ for 2010.

Signed..... Date...../...../.....

*The DSAQ has developed policies and procedures in accordance with ISO 9001:2000 Quality Standards. These documents are all available to view at the office. In addition, copies of our Constitution and the policies & procedures which cover Privacy, Confidentiality, Complaints, Access, Eligibility & Exit are available on our website. If you would like any further information regarding any of our policies, procedures or Constitution, please contact the office. Our staff will be happy to help.*

Media Release : Please read the media release (overleaf), and sign which is most applicable to you.

**Office Use**

- MM
- DB
- RC
- TY
- SC
- WL
- DG

I have read, signed and understand the Media Release form overleaf: Y / N (when faxing please ensure both sides are scanned and returned to the office).

**At DSAQ we have an interactive forum with a range of discussion topics.  
You can join online at: [www.dsaqforum.org.au](http://www.dsaqforum.org.au)**

We have a well stocked library with a wide range of resources. If there are any resources that you would like to borrow or a request that you would like to bring to our attention please email [dsaq.info@uqconnect.net](mailto:dsaq.info@uqconnect.net)

### Payment Details

Membership subscriptions for 2010 are: Ordinary (Family) and Single Affiliate:..... \$35.00

Group Affiliate (Organisations):..... \$45.00

ABN: 38 934 427 390 Subscriptions include 10% GST

Discounts are available to members experiencing financial hardship. Please contact the Executive Officer.

\*Please find enclosed a cheque / money order/ card details below for \$..... Subscription  
\$..... Donation (Thank You)  
Total \$.....

Please debit my Visa / Mastercard: Card Holder Name .....

\* Please select appropriate choice

Card No \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiry \_\_\_\_ / \_\_\_\_

Signature.....

Direct payment: Suncorp Bank - BSB: 484799 A/C No: 047846070 A/C Name: Down Syndrome Association of Qld Inc.

Please Reference : MEM - your Last Name and Initials (or Organisation) (eg "MEM Smith JA") and also email deposit details to us.

# Copyright and Media Release

Please select the box below which is appropriate for you and sign accordingly. Thank you.

Option 1.

## PERMISSION GRANTED

I understand that whilst attending any DSAQ event, photographic images - still and video - may be taken of me and my family members during the course of the proceedings.

I may from time to time forward images of myself and/or my family members to the DSAQ.

I give permission to DSAQ to use the aforementioned images as representations or reproductions for the purposes of advertising, fundraising, awareness raising, information, funding submissions, reporting and any other purpose at the discretion of DSAQ.

Please note that any use of images that fall outside of direct use by DSAQ or supplied to affiliated organisations would seek further approval on an individual basis.

I understand that the aforementioned images may appear in the DSAQ publications such as the digest, information sheets or booklets, the DSAQ website and/or any other publications or promotional materials at the discretion of the DSAQ.

Signed : \_\_\_\_\_ Date \_\_\_\_\_

Option 2.

## PERMISSION WITHHELD

The DSAQ is keen for everyone to enjoy participating in all DSAQ events regardless of personal circumstances. If you do NOT wish to be included in any photographic images which may later be used for publication as stated above, please make yourself known to the organisers on the day and we can then identify our photographers to you. Please take reasonable steps to avoid posing for photographs, particularly any organised group shots.

In addition, please do not forward any images to DSAQ if you do not wish for them to be published. Thank you for your co-operation with this.

Due to personal circumstance I / we DO NOT grant permission for members of our family to be published by DSAQ.

Signed : \_\_\_\_\_ Date \_\_\_\_\_

## TERMS & CONDITIONS

Derived from the Down Syndrome Association of Qld Inc Constitution:

- 2010 Membership is valid from 1<sup>st</sup> January 2010 until the 31<sup>st</sup> December 2010.
- Membership will only be valid once payment is made and membership is ratified by committee.
- One DSAQ membership is equal to one voting right.
- If membership fees are not received by the 1<sup>st</sup> March 2010 a reminder letter will be issued. Should this reminder not be addressed the membership will not be renewed. You can then re-apply at any stage.
- Only the DSAQ Management Committee can approve outstanding arrears.
- All members are bound by the constitution of the Down Syndrome Association of QLD Inc.