



Reg. No. 1096003

Down's Syndrome North East (DSNE)



Membership Application

Parent / Carer Information

1 st Parent/Carer/Person - Surname			Parent/Carer/Person - Forename			Title Mrs /Mr/Ms /Other)		
2 nd Parent/Carer/Person - Surname			Parent/Carer/Person - Forename			Title Mrs /Mr/Ms /Other)		
Full Address								
Postcode			Telephone No			Email Address		
Name of your Local Authority - North Tyneside,Redcar,Sunderland etc.								

Child / Adult with Down's Syndrome Information

Surname				Forename				
Gender M/F		Date of Birth		Relationship to above		Photo Consent (Yes or No)		



Bank transfer for DSNE use
HSBC Account Number 91110810 Sort Code 40-43-24 or
Cheques payable to DSNE

2 Year membership -- suggested minimum donation of £5

I want DSNE to treat this as a Gift Aid Donation – I enclose a donation of

£ _____

I am a UK taxpayer and the tax I pay will be greater than the tax the Charity will reclaim on this gift

Surname				Forename				
Address & Postcode								
Signature						Date		

Please return your membership form to
P.O. BOX DSNE – P.O BOX 188, Newton Aycliffe, DL5 9BB.

www.dsne.org.uk

Office Use Only	Member No.		Category		Area		Fee	£
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