



Reg. No. 1096003

# Down's Syndrome North East (DSNE)



## Membership Application

### Parent / Carer Information

1 <sup>st</sup> Parent/Carer/Person - Surname		Parent/Carer/Person - Forename		Title Mrs /Mr/Ms /Other)	
2 <sup>nd</sup> Parent/Carer/Person - Surname		Parent/Carer/Person - Forename		Title Mrs /Mr/Ms /Other)	
Full Address (Please Print)					
Postcode		Home Telephone No.	Mobile Telephone No.		Name of your Local Authority
(Please Print) Your Email Address					

### Child / Adult with Down's Syndrome Information

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

Do you give consent to DSNE to send you Newsletter's, Event Information and Email's with promotional information?					<b>YES / NO</b>
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*Please consider using Direct Debit (Direct Debit information) - DSNE  
HSBC Account Number 91110810 Sort Code 40-43-24*

*2 Year membership -- suggested minimum donation of £20*

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](http://www.dsne.org.uk)

Office Use Only	Member No.		Category		Area		Fee	£
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