

SHORT STATURED PEOPLE OF AUSTRALIA INC.
Membership for the year 1st August 2011 to 31st July 2012

Membership Type <i>(Please Circle)</i>	1 Year Membership	New Member - First Year 10% Discount
SHORT STATURED PERSON: A short statured person <u>18 years and over</u>	\$40.00	\$36.00
PARENT/GUARDIAN MEMBER: One parent or guardian of a short statured person <u>under 18 years of age, and short statured dependant students</u> (membership includes the short statured person(s))	\$40.00	\$36.00
FAMILY MEMBERSHIP: Both parents or guardians of a short statured person <u>under 18 years of age, and short statured dependant students</u> (including the short statured person(s), and dependant sibling(s))	\$70.00	\$63.00
ASSOCIATE MEMBER: Any interested natural person who does not come under any of the previous categories above.	\$40.00	\$36.00
CORPORATE MEMBER:	\$40.00	\$36.00
LIFE MEMBER:	\$0.00	\$0.00

REGISTRATION DETAILS

TITLE:
(circle)

MR

MRS

MISS

MS

DR

PROF

OTHER

FAMILY NAME:

GIVEN NAMES:

FULL ADDRESS:

POSTCODE: _____

POSTAL ADDRESS *(If different from above):*

PHONE NUMBERS:

(H): _____ **(W):** _____ **(M):** _____

EMAIL: _____

(I do / do not agree for my email address to be placed on the public Email directory of the SSPA)

RELATIONSHIP TO PERSON OF SHORT STATURE: _____

LANGUAGES SPOKEN *(Apart from English)* : _____

PAYMENT DETAILS

**Total Membership Subs
Amount:** \$ _____

Donation to Careers & Vocational Guidance Fund: \$ _____
(Donations \$2.00 and over are tax deductible)

Total: \$ _____

**FORM OF
PAYMENT**
(Please tick)

**CASH
CHEQUE**
*(Please
make
cheques
payable to
SSPA)*

VISA **BANKCARD** **MASTER CARD**
(Please complete details below)

Card Number: _____

Name (as appears on card):

Expiry Date: _____

Signature: _____

**Please return
to:** **Treasurer, SSPA
Unit 112/183 Osborne Drive,
Mt Martha VIC 3934**

***If you would like to discuss any aspect of your membership, contact Rosemary Hobbs on:
(03) 5976 1864***

Please complete details below for each person of short stature in the family:

DETAILS OF SHORT STATURED PERSON

FAMILY NAME: _____ GIVEN NAMES: _____

DATE OF BIRTH: _____ OCCUPATION: _____

MEDICAL DIAGNOSIS (IF KNOWN): _____ DRIVE A VEHICLE: YES / NO

Are you willing to have your name given to parents of a child with the same condition:
YES/ NO

Signed: _____ Date: _____

DETAILS OF SHORT STATURED PERSON

FAMILY NAME: _____ GIVEN NAMES: _____

DATE OF BIRTH: _____ OCCUPATION: _____

MEDICAL DIAGNOSIS (IF KNOWN): _____ DRIVE A VEHICLE: YES / NO

Are you willing to have your name given to parents of a child with the same condition:
YES/ NO

Signed: _____ Date: _____

DETAILS OF SHORT STATURED PERSON

FAMILY NAME: _____ GIVEN NAMES: _____

DATE OF BIRTH: _____ OCCUPATION: _____

MEDICAL DIAGNOSIS (IF KNOWN): _____ DRIVE A VEHICLE: YES / NO

Are you willing to have your name given to parents of a child with the same condition:
YES/ NO

Signed: _____ Date: _____
