

**SHORT STATURED PEOPLE OF AUSTRALIA INC.**  
**Membership for the year 1<sup>st</sup> August 2011 to 31<sup>st</sup> July 2012**

<b>Membership Type</b> <i>(Please circle)</i>	<b>1 Year Membership</b>	<b>New Member - First Year 10% Discount</b>
<p><b>SHORT STATURED PERSON:</b>            A short statured person <u>18 years and over</u></p>	\$40.00	\$36.00
<p><b>PARENT/GUARDIAN MEMBER:</b>            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))</p>	\$40.00	\$36.00
<p><b>FAMILY MEMBERSHIP:</b>            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))</p>	\$70.00	\$63.00
<p><b>ASSOCIATE MEMBER:</b>            Any interested natural person who does not come under any of the categories above.</p>	\$40.00	\$36.00
<p><b>CORPORATE MEMBER:</b></p>	\$40.00	\$36.00
<p><b>LIFE MEMBER:</b></p>	\$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:** \_\_\_\_\_

**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:** \$ \_\_\_\_\_

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**PAYMENT OPTIONS** *(Please tick)*

**CASH/CHEQUE** *(Please make cheques payable to SSPA and return with this form to):*  
**Treasurer, SSPA**  
**Unit 112/183 Osborne Drive,**  
**Mt Martha VIC 3934**

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**CREDIT CARD** *(Please complete the details below and return this form to):*  
**Treasurer, SSPA**  
**Unit 112/183 Osborne Drive,**  
**Mt Martha VIC 3934**

**Visa**       **Bankcard**       **Mastercard**

Card number \_\_\_\_\_ Expiry date \_\_\_\_\_

Name *(as it appears on the card)* \_\_\_\_\_

Signature \_\_\_\_\_

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**DIRECT CREDIT** *(Please make payment to our a/c, details shown below, and return this form to):*  
**Treasurer, SSPA**  
**Unit 112/183 Osborne Drive,**  
**Mt Martha VIC 3934**

CBA a/c in name of SHORT STATURED PEOPLE OF AUSTRALIA INC  
BSB: 06 2246  
ACC No: 00800218

**NB:** When making payment, kindly indicate your last name and the type of membership  
Eg. BROWN parent guardian

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

**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:**

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**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:**

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**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:**

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