**SHORT STATURED PEOPLE OF AUSTRALIA INC.**

**Membership for the year 1st August 2014 to 31st July 2015**

**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*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **JOURNAL NEWSLETTER:** *(Please tick one of the options)*    **⬜** **I wish to receive an e Journal**  **⬜ I wish to receive the Journal in hard copy**  **I/WE BECAME AWARE OF THE SSPA THROUGH:** *(Please tick at least one of the following options)*  **⬜ Friends/relatives**  **⬜ Media**  **⬜ Internet**  **⬜ Medical professionals/clinics**  **MEMBERSHIP CATEGORIES**   |  |  |  | | --- | --- | --- | | **Membership Type**  *(Please circle where appropriate)* | **1 Year Membership** | **New Member - First Year**  **10% Discount** | | **SHORT STATURED PERSON:**  A short statured person 18 years and over | $40.00 | $36.00 | | **PARENT/GUARDIAN MEMBER:**  One parent or guardian of a short statured person under 18 years of age, and short statured dependant students  (membership includes the short statured person(s)) | $40.00 | $36.00 | | **FAMILY MEMBERSHIP:**  Both parents or guardians of a short statured person under 18 years of age, and short statured dependant students (including the short statured person(s), and dependant sibling(s)) | $70.00 | $63.00 | | **ASSOCIATE MEMBER:**  Any interested, natural person who is not covered by the other categories (Associate members have full voting rights). | $40.00 | $36.00 | | **CORPORATE MEMBER:** | $40.00 | $36.00 | | **LIFE MEMBER:** | $0.00 | $0.00 |     **PAYMENT DETAILS**  **Total Membership Subs**  **Amount:                                                               $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Donation to Careers & Vocational Guidance Fund: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *(Donations $2.00 and over are tax deductible)*    **Total:                                                                   $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PAYMENT OPTIONS** *(Please tick one of the three options below)*  **⬜ CASH/CHEQUE** *Please make cheques payable to SSPA and return with this form to:*  ***Treasurer, SSP***  ***Unit 112/183 Osborne Drive,***  ***Mt Martha VIC 3934***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **⬜ 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **⬜ 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 (Commonwealth) 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*  *E.g. BROWN parent guardian*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **If you wish to discuss any aspect of your membership, contact Rosemary Hobbs on *(03) 5976 1864*** | | | | | | | | | |

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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:** | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **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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