**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 INCBSB: 06 2246ACC 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*** |

|  |
| --- |
|   **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:** |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_