



## MEMBERSHIP RENEWAL FORM 2013

Member's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

If you wish to continue being included in the TEXT ALERT system, please

Contact No's: 1. Name: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Contact No's: 1. Name: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

School/Workshop Attended by Member: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Membership Fee for 2013 is €15 per member or family.

**Please Tick one of these boxes:**

- Cheque enclosed\*
- Will Make Payment on-line via the website\*\*
- Will Pay Subscription at the Christmas Party

**Return Completed Form, Marked Membership, and Return to;**

Edmund Rice International Heritage Centre,

Mount Sion, Barrack Street,, Waterford

\*Please make cheques payable to Down Syndrome Ireland – Waterford Branch

\*\*If paying online , please ensure that you complete the description field in Paypal with your name and the words "Membership Fee"

Office Use Only: Date Received: \_\_\_\_\_

Receipt No: \_\_\_\_\_