



MEMBERSHIP RENEWAL FORM 2014

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 2014 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 and Return to;

Margaret Mulligan
DSI Waterford Branch Office
c/o Edmund Rice Heritage Centre, Barrack St , 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: _____