



**Membership Form**  
**FORMOLA TA' SHUBIJA**

I, the undersigned, wish to apply to become a member of the Down Syndrome Association, Malta. The application is being submitted under the category as indicated below:

Category of application (*tick as applicable*):

- (A) Member - as parent of a child who has Down Syndrome
- (B) Member - as guardian of a child who has Down Syndrome
- (C) Member - person who has Down Syndrome (over 16 years)
- (D) Associate Member

**Details of applicant:** (*this part has to be filled by every applicant from any category listed above*)

Surname:		Name:	
I.D. Card No.:		M	<input type="checkbox"/>
		F	<input type="checkbox"/>
Home Address:			
Locality:		Postcode:	
Tel / Mob.:		Email:	

**Details of person under applicant's care:** (*to be filled only by applicants under A and B listed above*)

Surname:		Name:	
Date of Birth:		M	<input type="checkbox"/>
		F	<input type="checkbox"/>

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**This part is to be filled only by applicants under category (C) who are applying under their own name:**

Date of Birth:	
Father's Name:	Tel / Mob:
Mother's Name:	Tel / Mob:
Gaurdian's Name and Surname:	Tel / Mob:

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<b>Type of membership requested</b> (tick as applicable):	<b>Life membership @ €25</b> <input type="checkbox"/> or <b>Annual membership @ €2.50</b> <input type="checkbox"/>
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I am hereby also authorizing the Secretary of the Down Syndrome Association – Malta to keep my personal data in the Association's database and to take photos of me during any activity organised by the Association.

Signature..... Date.....