



# Membership Form

Your membership assists the DSA to provide the insurances and the special equipment such as aquatic wheelchairs, soft long boards, surf socks, rash vests, etc that are required to get our participants in the water and to get 'smiles on dials'.

Once you are a member you are welcomed into the DSA family and you are able to attend any and all 18 branches and their events. Additionally, some branches hold 'members only' events held throughout the year which you can also attend.

Membership runs from 1st October until 30th September the following year.

To join print this form and complete ALL sections clearly (in **BLOCK CAPITALS**); and make your payment via the options listed below. Failure to complete the form legibly and in full may delay your membership being processed.

Post your completed form to: DSAA Membership, PO Box 345, The Entrance NSW 2261

YOUR DETAILS		
MEMBERSHIP TYPE (please tick): NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/>		DATE OF BIRTH:
FIRST NAME:	SURNAME:	
ADDRESS:		
SUBURB:	STATE:	POSTCODE:
TELEPHONE NUMBER (mobile preferred):		
EMAIL:		
I WISH TO JOIN DSAA AS (please tick): PARTICIPANT <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> PARENT/CARER <input type="checkbox"/>		
TYPE OF DISABILITY (if applicable):		
SIGNATURE:	DATE:	
I HAVE PAID MY MEMBERSHIP BY (please tick): DIRECT BANK DEPOSIT <input type="checkbox"/> CHEQUE (attached) <input type="checkbox"/>		
PARENT/GUARDIAN PERMISSION (if under 16)		
PARENT/GUARDIAN NAME:		
PARENT/GUARDIAN SIGNATURE:	DATE:	
DOCTORS PERMISSION (if applicable):		
DOCTOR'S NAME:		
DOCTOR'S SIGNATURE:	DATE:	

## PAYMENT OPTIONS

### DIRECT BANK DEPOSIT

Account Name: Disabled Surfers Association of Australia Inc. BSB: 062-256 Account No: 1034 0413

**IMPORTANT:** Please add a reference to your direct bank transfer of "MEMB Initial Surname" (ie: John Smith would enter "MEMB J Smith")

### CHEQUES OR MONEY ORDERS

Made payable to: The Disabled Surfers Association of Australia Inc