



Application Form

Club Slick membership

About Club Slick

This is a monthly dance event for people with disability that encourages and facilitates appropriate dance etiquette through a structured program with a professional choreographer. It provides an opportunity for people with disability to socialise and develop skills, enabling increased participation in community services.

Membership Entitlements

People with Down syndrome, who have full membership with Down Syndrome SA, are entitled to all membership benefits of Club Slick. However all people with an intellectual disability, aged 17 years and over may become members of Club Slick and enjoy the following:

Club Slick

- Discount admission to Club Slick
- Membership ID card
- Free member raffle ticket each Club Slick night
- Discount on purchase of Club Slick shirt.

A Night to Remember Gala Ball

The ball gives people over the age of 13 living with Down syndrome and other intellectual disabilities, an opportunity to experience the red-carpet treatment with a three-course meal, live band and a photo booth to capture the momentous event

Priority access and heavily subsidised ticket is also included.

Membership Details

Individual's Details (The person who is applying for membership)

SURNAME: _____ GIVEN NAME/S: _____

DATE OF BIRTH: ____ / ____ / ____ GENDER: MALE / FEMALE (Please Circle)

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

MAILING ADDRESS (if different from above): _____

SUBURB: _____ POSTCODE: _____

PHONE: _____ EMAIL: _____

Parent/Guardian Details

1. SURNAME: _____ FIRST NAME: _____

MAILING ADDRESS (if different from individual): _____

SUBURB: _____ POSTCODE: _____

PHONE: _____ EMAIL: _____

2. SURNAME: _____ FIRST NAME: _____

MAILING ADDRESS (if different from individual): _____

SUBURB: _____ POSTCODE: _____

PHONE: _____ EMAIL: _____

Membership fee \$40.00 (Inc. GST) per annum

Method of Payment

Cheque / Money Order

Direct Deposit
Account Name: Down Syndrome South Australia
BSB: 035 046
Account Number: 309 900
IMPORTANT: *Please quote your surname or invoice number as the reference.*

Credit Card (please circle)

VISA

MASTERCARD

CARD NUMBER: _____

CARDHOLDER'S NAME (PLEASE PRINT CLEARLY): _____

SIGNATURE: _____ EXPIRY DATE: ____ / ____

Membership is Valid for One Year