



prader-willi syndrome association

Your Name

Surname

First Name

Partner's Name (if applicable)

Surname

First Name

Name of Person with PWS

Surname

First Name

Your Relationship to the Person with PWS (Tick whichever is most appropriate)

Parent

Carer

Professional Entity

Your Address

State

Postcode

Your Contact Details

Telephone (home):

Telephone (mobile):

Email:

Membership – January to December 2015

(please tick)

- \$50 Regular
- \$30 Pensioner
- \$100 Organisation

Please return completed form to:		Please deposit funds to:	
PO Box 6302	Or email:	Westpac	
North Sydney	nsw@pws.org.au	Prader Willi Syndrome Association of NSW	
NSW 2060		BSB: 032-044	
		Account: 75 3860	