



Australasian  
Tuberous Sclerosis  
Society

ABN 20 681 174 734  
Incorporation no. Y 07116-42  
ATSS Registered Charity CC25313

## APPLICATION FOR MEMBERSHIP

<b>Name:</b>	Mr/Mrs/Ms/Dr _____
<b>Address:</b>	_____
<b>Phone:</b>	H) _____ W) _____ M) _____
<b>Email:</b>	_____

**Classification:** TSC Family                      Medical  
                                 Educational                      Other \_\_\_\_\_

<b><u>OPTIONAL</u></b>		
Are you affected by TSC?	<b>YES</b>	<b>NO</b>
If No, Name of TSC affected person: _____		
D.O.B: _____	Male/Female	
Your relationship to TSC affected person:	Parent	Grandparent
	Sibling	Carer              Other

**How did you first hear about ATSS?**

Internet              Doctor              Reach Out              Friend              Brochure  
Other \_\_\_\_\_

**Fee:** \$25.00 per financial year. **\$ 25.00**

**Donation:** (Donations of \$2 and over are Tax Deductible)

Support of ATSS \$

**Total \$** \_\_\_\_\_

**Declaration:** I/We apply to become a Member/Members of the Australasian Tuberous Sclerosis Society Inc. I/We agree to be bound by the rules of the Society at all times.

\_\_\_\_\_  
Signature of applicant Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please make cheque payable to ATSS Inc. and send to** *ATSS Inc.*  
*74 Tallawong Avenue*  
*BLACKTOWN NSW 2148*