Australasian
Tuberous Sclerosis
Society

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

Application for Membership

Name:	Mr / Mrs / Ms / Dr / Other:
Address:	
Phone:	H) W) M)
Email:	
Classification:	TSC Family Medical Educational Other

Optional

Are you affected by TSC? ☐ Yes ☐ No

If Yes

Date of Birth: _____

Male / Female

If No

Name of TSC affected person: _____

Date of Birth: _____

Male / Female

Your relationship to TSC affected person:

☐ Parent ☐ Grandparent

☐ Sibling ☐ Carer

☐ Other _____

How did you first hear about ATSS?

Friend Brochure Internet Doctor ReachOut

Other _____

Fees	$25.00 per financial year	$_____
Donation	Donations of $2 and over are tax deductible	$_____
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.

_____ Date: _____/_____/_____

Signature of applicant

Please attach cheque payable to ATSS Inc. and send to

ATSS Inc.
46 Bonar St
MAITLAND NSW 2320