

# 1 NDSSA (National Down Syndrome Sports Association) MEMBERSHIP APPLICATION FORM



This form should be used by all associations seeking membership of SU-DS. This form should be completed in English. All parts should be completed. Once complete, the form should be sent to the SU-DS CEO. The application will be considered by the Executive Committee of SU-DS.

Name of applicant: National Organisation's Name

Country:

Address:

Address for correspondence (if different):

Phone and fax number (including international dialling code)

Phone :

Fax :

Email and Website Address

Email:

Website:

Contact : Name

Officers of the Organisation: Name of Organisation

President:

Secretary:

Others officials:	Name	Position
	Name	Position
	Name	Position
	Name	Position

Do you have a formal constitution (Please attach a copy)? Yes

No

Do you agree to comply with the World Anti-Doping Code? Yes

No

Is your application supported by your National Paralympic Committee?<sup>1</sup> Yes

No

Is your application supported by your National Sports Council or recognized government department for sport?<sup>2</sup> Yes

No

**The Annual membership fee is \$500 plus £100 per sport per annum, should be paid by direct bank transfer to the SU-DS Bank Account - Details of the Bank Account may be found at [www.SU-DS.org](http://www.SU-DS.org)**

The application should be signed by the President and one other Official of the Organisation.

Signed \_\_\_\_\_ Position Date

Signed \_\_\_\_\_ Position Date

Please return this document with copies of your Constitution to:  
[CEO@SU-DS.org](mailto:CEO@SU-DS.org)

For mail address see [www.SU-DS.org](http://www.SU-DS.org)

ORGANISATION  
OFFICIAL STAMP

<sup>1</sup> Not essential – just for information

<sup>2</sup> Not essential – just for information