Down Syndrome (Caring Parents) Niagara

Membership Application

*January 1 - December 31, 2014*

Membership Fee $10 (payable to Down Syndrome Caring Parents Niagara)

Please circle one of the following New Member Renewal

Membership information. Please print clearly. Enter all information to enable us to create an accurate database. This database will be used for future mailings & e-mails of newsletters and/or DSCPN information.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Information:

|  |  |  |  |
| --- | --- | --- | --- |
| Child's name with Down syndrome | M/F | Birth date | School |
|  |  |  |  |
| Siblings |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

We would also like to ask at this time if we may use photographs of you and/or your children for the DSCPN website, the DSCPN newsletter, and in DSCPN publications (e.g. flyers, brochures).

You may use mine and/or my children's photographs YES NO

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We are always looking for volunteers. Please indicate if you are able to help at any of the following events:

* Buddy Walk
* Christmas Party
* Summer Picnic
* Fundraising/Trivia Night
* Conferences
* Coffee Socials
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail completed form with payment to:

Down Syndrome Caring Parents Niagara, 7 Bellevue Terrace, St. Catharines, Ont., L2S 1N6