



Down Syndrome Niagara Membership Form

Membership Application For:

Membership Fee \$25 (payable to Down Syndrome Niagara)

Enter all information to enable us to create an accurate database. This database will be used for future mailings and Emails of newsletters and/or DSN information.

Please select one of the options: New Member Renewal

Name:

Telephone:

Address:

City:

Province:

Postal Code:

E-mail:

I consent to receive emails: Y N

Family Information

Child's name with Down syndrome		Birth date	School
	<input type="checkbox"/> M <input type="checkbox"/> F		
Siblings			
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		

We would also like to ask at this time if we may use photographs of you and/or your children for the DSN website, the DSN newsletter, and in DSN 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:

- | | |
|--|---|
| <input type="checkbox"/> GO21 Walk | <input type="checkbox"/> Christmas Party |
| <input type="checkbox"/> Summer Picnic | <input type="checkbox"/> Fundraising/Trivia Night |
| <input type="checkbox"/> Conferences | <input type="checkbox"/> Coffee Socials |
| <input type="checkbox"/> Other: | |

Mail completed form with payment to:

Date Paid: