



Down Syndrome Niagara Membership Form

Membership Application 2022

Family Membership Fee **\$25 per year**. Please note: The first calendar year membership for new families is complimentary.

Please select one of the options: New Member Renewing Member

Name: _____ Telephone: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Family Information

Child's name with Down syndrome		Birth date	School
	M F		
	M F		
Siblings			
	M F		
	M F		
	M 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).

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

E-mail: I consent to receive emails: Y N

Signature: _____ Date: _____

Please email completed applications to downsyndromeniagara@gmail.com. Payment can be made by e transfer to downsyndromeniagara@gmail.com or email to request a link to pay securely online with credit card.

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

Friendship Walk

Summer Picnic

Conferences

Other: _____

Christmas Party

Fundraising/Trivia Night

Coffee Socials

Halloween Party

Office Use: Date Paid: _____ Method of payment: e-transfer cash credit card