



DDSA MEMBERSHIP FORM

Please complete, cut out page and return with fee

Last Name: _____

First Name: _____

Full Mailing Address: _____

City: _____ Province: _____ Postal: _____

Telephone: (Home) _____ (Cell/Other): _____

Email address: _____

(Please note – All information is kept confidential and is only used within the DDSA, Newsletter distribution and event notifications)

I am a parent Professional or Other (Please describe) _____

I would like to receive the Newsletter by Email (must have email provided above) or by regular mail

I would like to be notified of upcoming events by Email or by Phone call

Full name of child(ren) with Down syndrome: _____

Birthdate Day: _____ Month: _____ Year: _____

(Optional) Name & age of siblings: _____

School board system: Public Separate Other

Are you interested in volunteering to help with DDSA events? Yes No

Please select one:

I am enclosing \$20.00 for the remainder of 2011 year

I am enclosing \$20.00 + \$20.00 for the 2012 year (\$40.00 total)

* Please keep membership and donation cheques separate.

OPTIONAL

I am enclosing a separate donation amount of:

\$10.00

\$20.00

\$50.00

\$100.00

Other Amount \$ _____

Note – donations of \$20.00 and over will receive a taxable receipt

Charitable number 89144 4572 RR0001

Thank you for your continued support and membership.

The Durham Down syndrome Association

www.ddsa.ca

Please make all cheques payable to:

Durham Down Syndrome Association
PO Box 231
Whitby, ON
L1N 5S1