

DOWN SYNDROME ADVOCACY FOUNDATION MEMBERSHIP FORM

Name:

Mailing Address:

City/State/Zip Code:

Phone Number/Email Address:

Name/Date of Birth of Individual(s) with Down Syndrome:

Service Provider/School:

Associated Medical Conditions (If any):

Sibling(s)/Date(s) of Birth:



I am interested in: (Check all that apply)

- Parent/Family Support Network
- Fundraising Committee
- Dinner Dance Committee
- Conference Committee
- Legislative Action Committee
- Resource/Lending Library Committee
- Other: _____

Annual Membership - \$25.00

**RETURN YOUR COMPLETED FORM TO:
DSAF
P.O. BOX 12173
HAUPPAUGE, NY 11788**

The Down Syndrome Advocacy Foundation is an exempt organization under section 501 (c) 3.