Canadian Down Syndrome Society | Société canadienne du syndrome de Down

MEMBERSHIP APPLICATION

CDSS memberships remain active for one year beginning on date application received

A: Individual and Family $20.00 **Adult with Down syndrome $5.00**

Name _____ Daytime Phone ( ) _____

Address _____ Evening Phone ( ) _____

City _____ Prov _____ Postal Code _____

***E-MAIL** _____ Fax ( ) _____

* E-mail is an economical way for CDSS to distribute time sensitive information. Please keep your e-mail address updated.

B: Organization $40.00

Name of Organization _____ Phone ( ) _____

Address _____ Fax ( ) _____

City _____ Prov _____ Postal Code _____

Contact Person _____ ***E-MAIL** _____

* E-mail is an economical way for CDSS to distribute time sensitive information. Please keep your e-mail address updated.

Type of Organization: Education ☐ Support Group ☐ Medical ☐ Research ☐ Advocacy ☐ Business ☐

Other ☐ (please specify) _____

Your organization Down syndrome specific? ☐ Yes ☐ No

Membership Fees: Individual and Family :- 1-year **$20.00** ☐ 3-years **$60.00** ☐ 5-years **$100.00** ☐

Individual with Down syndrome :- 1-year **$5.00** ☐

Organization 1-year **$40.00** ☐

Amount $ _____

***I would like to include a donation of* $** _____

TOTAL $ _____

Payment Method -

Name on Card: _____ Card type (circle): Visa Mastercard

Card Number: _____ Card Expiry date _____

If cheque enclosed, provide cheque number: _____

Please send payment to:

Canadian Down Syndrome Society Suite 103 - 2003 14 Street NW Calgary, AB T2M 3N4

Phone (403)270-8500 **Toll Free** 1-800-883-5608 **Fax** (403) 270-8291 **E-mail** info@cdss.ca **Web site** www.cdss.ca

Or apply online at our web site!