



Date: \_\_\_\_\_

## Membership Application

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ E-Mail Address (for DSAWM use only): \_\_\_\_\_

Name(s) of Individual(s) with DS: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_

County: \_\_\_\_\_ School District: \_\_\_\_\_ I want to receive the weekly e-newsletter: Y N

This is a New Membership

This is a Renewal

This a Gift Membership

### Membership Levels:

- Family/Individual \$ 25  
 Out of Area \$ 20

Additional Gift \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

### Method of Payment

\_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card

*Make Checks Payable to DSAWM*

Card No. \_\_\_\_\_ Sec. Code \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

If you are experiencing financial difficulty, please contact us at [director@dsawm.org](mailto:director@dsawm.org) or 616-956-3488 to request a dues waiver.

### Photo Consent

- I give permission to the DSAWM to use photos of me, my child, and/or my family  
 I do NOT give permission to the DSAWM to use photos of me, my child, and/or my family

DSAWM photographs participants at many member events, activities, and gatherings. Additionally, each year DSAWM sends out a call to members for their own photo submissions. Photos may be used in marketing and promotional materials, the DSA Press newsletter, social media (Facebook and Instagram) or on the DSAWM website.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



