



DSAWM Membership Application

Please complete and return this form with your dues payment or renew your membership online at dsawm.org/join.

Date _____

Parent/Caregiver's Information

Full Name _____

Phone _____

Email _____

Would you like to receive our weekly e-newsletter? Yes No

Second Parent/Caregiver's Information (if applicable)

Full Name _____

Phone _____

Email _____

Would you like to receive our weekly e-newsletter? Yes No

Home Address

Street _____

City _____

State _____ Zip _____

County _____ School District _____

Individual with Down syndrome's Information

Full Name _____

Gender _____ Birthdate _____

Which of the following best describes the individual with Down syndrome?

- | | |
|--|--|
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> White or Caucasian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Biracial or Multiracial |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Native American or Alaskan Native | <input type="checkbox"/> Prefer not to answer |

Please continue on other side.



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Photo Consent

DSAWM photographs participants at many member events, activities, and gatherings. Additionally, DSAWM periodically 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, and/or on the DSAWM website.

- I give permission to the DSAWM to use photos of me, my child, or my family.
- I DO NOT give permission to the DSAWM to use photos of me, my child, or my family.

Membership Options

This is a New Membership Renewal

Membership Type Renew Membership Annually* 1-year Membership

Membership Level In Area Family/Individual (\$35) Out of Area Family/Individual (\$30)

Additional Gift \$ _____

TOTAL \$ _____

**Must pay with card. Membership dues will be charged annually to the card provided.*

Payment Information

Method of Payment Cash Check Card
Make check payable to DSAWM

Card Number _____

Security Code (3-digits) _____ Exp. Date _____

Signature _____

Please note, dues have increased this year to accommodate the growing costs associated with our expanding programming and services. Participation in programs and services continues to be offered at no charge to all members. If you are experiencing financial difficulty, please contact us at director@dsawm.org or 616-956-3488 to request a dues waiver.

Thank you for your membership! Please return this form to the address below. Upon receipt, we will contact you with more information about your membership.

DSAWM
160 68th St. SW, Suite 110
Grand Rapids, MI 49548



Down Syndrome Association of West Michigan
160 68th St. SW, Ste. 110, Grand Rapids, MI 49548
616-956-3488 | www.dsawm.org