



DSAWM Membership Application

FREE for the first year!

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.



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



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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.

New Membership Acknowledgement

The first year of membership is free for any individual/family who joins DSAWM. We will contact you at the end of the year at which point you are invited to renew your membership. Membership dues are \$35 (in-area) or \$30 (out-of-area) annually and include free access to all programs, events, and services.

- I understand.

Would you like to be connected with one of our veteran parents who can answer your questions, share experiences, and offer support?

- Yes, please!
- Not right now thanks, but maybe in the future.
- No, thank you.

If yes, is there anything you would like us to consider when matching you with a parent? I.e. parent of an older/younger child, location, shared medical diagnoses, specific questions, etc.

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.

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 Grand Rapids, MI 49548



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