Down Syndrome Association of Acadiana

Together... families dream, hope, and soar

MEMBERSHIP FORM

Serving Acadiana families since 2004

Last Name:	**First Name:**	**Spouse:**
Mailing Address:		
City:	**State:**	**Zip:**
Phone:		
Email Address(s):		

Connection to Down syndrome:

☐ Parent ☐ Grandparent ☐ Sibling ☐ Self ☐ Friend

☐ Therapist ☐ Medical Provider ☐ Educator ☐ Other: _____

Individual with Down syndrome:

Last Name:	**First Name:**
Date of birth:	☐ **Female** ☐ **Male**
School/Place of Employment:	
Siblings:	
Lives with:	

Membership fee is $25.00 per household per year.

Individuals with Down syndrome & their immediate family receive a complimentary first year

Membership type: ☐ **New** ☐ **Complimentary first year**

I would like to support DSAA with an additional tax-deductible donation of:

☐ **$10** ☐ **$25** ☐ **$50** ☐ **$100** ☐ **Other** _____

Photo Release/Waiver: By signing here: _____, I hereby consent to and authorize the use and reproduction of images of myself and my minor child(ren) by DSAA in publications produced by DSAA including, but not limited to, its newsletter, promotional materials and on DSAA's website. DSAA does not include children's name in such materials without the express permission from their parents. I also hereby certify that I am the parent or guardian of the above listed minor(s) and do give consent without reservation to the foregoing on behalf of said minor child(ren) to DSAA.

*Please make checks payable to **DSAA** and return this form with payment to **DSAA, P.O. Box 81323, Lafayette, LA 70598-1323**. DSAA is a 501 (c)3 (non-profit) organization. Contributions in excess of the minimum $25 membership fee are tax deductible.*