



Down Syndrome Association of Acadiana

Membership Form 2019

Please return by February 1, 2019 to keep your membership active

Last Name:	First Name:	Spouse:
Company Name (if applicable):		
Mailing Address:		
City:	State:	Zip:
Parish:	Cell Phone:	Home 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:	<input type="checkbox"/> Female <input type="checkbox"/> Male
School:	
Siblings:	
Lives with:	

Annual membership fee is \$25 (if not paid by February 1, 2019, your membership status will become inactive)

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

Membership type:
 New
 Renewal
 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.