



MEMBERSHIP FORM

Member Information

DSANI strives to provide information on events and issues relating to Down syndrome in a timely and cost effective manner. The majority of communication provided by DSANI is done by email. If you choose to not provide an email address, you will still receive newsletters and DSANI event information via postal mail, but not periodic email member alerts. Member information is included in our annual member directory, unless exclusion is requested below.

Name(s) _____
 Address _____
 City _____ State _____ Zip _____
 County _____ Phone () _____
 Email _____ Fax () _____

Please check one: Parent/Guardian Self Advocate Grandparent Sibling Extended Family
 Educator Medical Professional Other _____

If you do not wish to have your name published in the DSANI Directory, please check the following:
Do not publish my _____ name _____ address _____ phone number in a member directory.

If you are a parent, please complete the following information on your child(ren).

Child/children's name(s) <i>(*please indicate which child has Down syndrome)</i>	Date(s) of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ I would like to become a **NEW MEMBER** of DSANI (membership fee: \$10 per year)
 _____ My child with Down syndrome is less than 1 year old. **FREE** membership for the first year.
 _____ 1 year _____ 2 years _____ 3 years _____ 4 years _____ 5 years
 _____ Scholarship requested due to financial hardship

_____ I would like to **RENEW** my/our membership with DSANI (membership fee: \$10 per year)
 _____ 1 year _____ 2 years _____ 3 years _____ 4 years _____ 5 years
 _____ Scholarship requested due to financial hardship

Opportunities for Giving

I/we wish to support the Down Syndrome Association of Northeast Indiana with the additional tax-deductible contribution (as allowed by law) checked below:

_____ \$25 _____ \$50 _____ \$75 _____ \$100 _____ \$200
 _____ \$500 _____ \$750 _____ \$1000 _____ other \$ _____

Opportunities for Involvement

I would be interested in serving on the following volunteer committees:

_____ Program _____ Newsletter _____ Fundraising/Buddy Walk _____ Outreach Committee

*** Please mail your completed form and check or member scholarship request to:
DSANI, P.O. Box 13611, Fort Wayne, IN 46865 ***