

**DOWN SYNDROME ADVOCACY FOUNDATION
MEMBERSHIP Form
ANNUAL DUES - \$25.00**



Name:

Mailing Address:

City/State/Zip Code:

Phone Number/Email Address:

Name/Date of Birth of Individual(s) with Down syndrome:

Service Provider/School/School District:

***School Fax #/Director of PPS, CPSE/CSE Chairperson Name & Fax #/SEPTA Email:**

Associated Medical Conditions (If any):

Sibling(s)/Date(s) of Birth:

I am interested in: (Check all that apply)

- Parent/Family Support Network
- Fundraising, Marketing, Public Relations Committee
- Education & Advocacy
- Dinner Dance Committee
- Picnic Committee
- Conference Committee
- Volunteer Office Time
- Legislative Action Committee
- Resource/Lending Library Committee
- Other: _____

Membership Benefits:

- ❖ Eligible for Technical Assistance to be delivered to your family member's school, place of employment, place of leisure.
- ❖ Eligible for reduced admission fees for conferences.

- ❖ Eligible for vouchers for free or reduced entry to DSAF sponsored events to be passed on to professionals who work with your family member.

- ❖ Eligible for reimbursement of legal fees associated with obtaining inclusive opportunities. *Contingent on availability of funds, completion of application process prior to retaining legal counsel, with decision made via a vote by DSAF officers.



**RETURN YOUR COMPLETED FORM AND DUES TO:
DSAF
P.O. BOX 12173
HAUPPAUGE, NY 11788**

The Down Syndrome Advocacy Foundation is an exempt organization under section 501(c)(3).