



## DDSA MEMBERSHIP FORM AND PHOTO RELEASE

*"Building a Supportive Community"*

Last Name: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Telephone: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

I am a parent \_\_\_\_\_ I am an adult with Down Syndrome \_\_\_\_\_ Professional or Other \_\_\_\_\_

Name and age of child(ren) with Down syndrome: \_\_\_\_\_

I would like to receive emails from the DDSA announcing its news and events. YES NO

I am interested in volunteering to help with DDSA events. YES NO

*\*All information is kept confidential and used only for DDSA newsletters and event notifications.\**

### MEMBERSHIP PAYMENT:

- The cost of a family membership is \$25/year.
- Includes family members in one household.
- Memberships are for Jan.1 to Dec.31.
- Memberships may be purchased beginning in November of the preceding year.

**Cheques made payable to the  
Durham Down Syndrome Association**

### TO BE COMPLETED BY DDSA TREASURER OR APPOINTEE:

Date Payment Received: \_\_\_\_\_

Received By: \_\_\_\_\_

cash \_\_\_\_\_ cheque \_\_\_\_\_ e-transfer \_\_\_\_\_

For Membership Year: \_\_\_\_\_

### PHOTO RELEASE AND WAIVER:

I grant to the Durham Down Syndrome Association (DDSA) the right to take photographs of me and my family in connection with events held by the DDSA. I authorize the DDSA, its assigns and transferees to copyright, use and publish the same in print and/or electronically and without compensation. I agree that the DDSA may use such photographs of me and my family with or without our name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

I have read, understood and **AGREE** to the above statement: \_\_\_\_\_

I do **NOT** authorize the DDSA to take or use any photographs of me and my family: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_