



DDSA MEMBERSHIP FORM

"Building a Supportive Community"

Last Name: _____ First Name(s): _____

Address: _____ City: _____

Telephone: _____ Postal Code: _____

Email Address: _____

Parent/Guardian _____ Adult with Down Syndrome _____ Professional or Other _____

Name of child(ren) with Down syndrome: _____

Birth Date of Person with Down Syndrome: _____

**optional, we are collecting this information to assist with program planning and sending "Birthday Wishes"*

School Attended by Person with Down Syndrome: _____

**optional, if applicable*

First Time Member _____ Returning Member _____

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 all family members in one household.
- Memberships are for Jan.1 to Dec.31.
- Memberships may be purchased beginning in November of the preceding year.

Cheque: Durham Down Syndrome Association

E-transfer: mastermail@ddsa.ca

TO BE COMPLETED BY DDSA TREASURER OR APPOINTEE:

Date Payment Received: _____

Received By: _____

cash____ cheque____ e-transfer ____

For Membership Year: _____

Merchandise Purchase: _____



DDSA MEDIA RELEASE AND MERCHANDISE ORDER FORM

“Building a Supportive Community”

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: _____

COMPLIMENTARY T-SHIRT:

- New DDSA Memberships for 2024 will come with **one complimentary DDSA T-shirt.**
- The complimentary T-shirt is for families that were **not** members in 2021 - 2023.

Available Sizes:

Youth: S M L

Adult: S M L XL XXL

Adult Sizes – Product Specifications					
	S	M	L	XL	XXL
Body Length	28	29	30	31	32
Body Width	18	20	22	24	26
Full Body Length	28	29	30	31	32
Sleeve Length	15.6	17	18.5	20	21.5

Please indicate size preference (include youth or adult): _____

ADDITIONAL T-SHIRT ORDERS (Available to All):

Please complete if you would like to purchase any additional DDSA T-shirts.

Cost: Youth Sizes - \$5.00
Adult Sizes - \$10.00

Payment:

- Include with membership fee or separately
- Cheque: Durham Down Syndrome Association
- E-transfer: mastermail@ddsa.ca

Size	Quantity	Cost
TOTAL COST:		\$