



Miami Valley Down Syndrome Association  
 Membership Information Form 2011 - 2012

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Annual membership dues are now \$25 per family or \$15 individual. Note:** Members must be 18 years old or older to vote or hold office. Return completed form by renewal date of July 31 (if possible) , along with your check or money order made payable to MVDSA to:

Miami Valley Down Syndrome Association  
 Attn: Member Information  
 1133 S. Edwin C. Moses Blvd., Suite 190  
 Dayton, OH 45417

Name	Member Type**	Birthday (MM/DD/YY)	Adult (check box)
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

**Amount enclosed \$\_\_\_\_\_** (additional contributions appreciated)

**Please check the boxes that apply:**  
 I want to be included in the MVDSA Member directory.  Yes  No  
 I give the MVDSA permission for my child's picture to be used in MVDSA publications for promotional purposes:  with name attached  without name attached  
 I prefer my newsletter be sent by e-mail **only**.  E-mail address: \_\_\_\_\_ \*  
 I would like my paper copy of the newsletter discontinued.   
 Would you like to receive email updates about upcoming events/reminders?  Yes  No  
 I would like to receive the automatic phone call messages with upcoming events.  Yes  No

\*\* To help us serve you better, please identify each person listed based on the following member types:  
 Parent = Parent of individual with Down syndrome  
 DS = Individual with Down syndrome  
 Sibling = Brother or sister of individual with Down syndrome  
 Other Relative = Relative of individual with Down syndrome other than parent or sibling  
 Special Needs = Individual has special needs, but not Down syndrome  
 patron = Individual interested in the development and well-being of persons with Down syndrome